

Division of Corporations

FAX AUDIT NO.: H150000151823

**L15000010355**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H150000151823)))



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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : MICHAEL J. FREEMAN, P.A.  
Account Number : 072720000142  
Phone : (305) 442-1567  
Fax Number : (305) 442-1227

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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.  
TARPON POINT 28 LLC**

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$160.00

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T. Burch JAN 20, 2015

FAX AUDIT NO.: H150000151823

<https://efile.sunbiz.org/scripts/efilcovr.exe>

1/20/2015

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I – Name:**

The name of the Limited Liability Company is:

**TARPON POINT 28 LLC**

**ARTICLE II – Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:** 1000 E. 80 Place  
Suite 700 North  
Merrillville IN 46410

**Mailing Address:** 1000 E. 80 Place  
Suite 700 North  
Merrillville IN 46410

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**ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:**

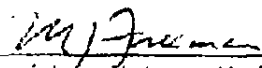
The name and the Florida street address of the registered agent are:

M.J. F. Registered Agent Corp.  
Name

153 Sevilla Avenue  
Florida Street Address (No P.O. Box)

Coral Gables, FL 33134  
City, State, and Zipcode

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..*

  
\_\_\_\_\_  
Registered Agent's Signature  
(Michael J. Freeman, President)

**ARTICLE IV – Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"AMBR" = Authorized Member  
"MGR" = Manager

**Name and Address:**

MGR

White / Peterman Properties, Inc.  
100 East 80<sup>th</sup> Place, Suite 700 North  
Merrillville, IN 46410

**REQUIRED SIGNATURE:**



**Signature of a member or an authorized representative of a member**  
(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in S. 817.155, F.S.)

\_\_\_\_\_  
Michael J. Freeman, authorized representative

Type or print name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization & Designation of Registered Agent  
\$30.00 Certified Copy (Optional)  
\$5.00 Certificate of Status (Optional)

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