

L22000029504

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : WHITE/PETERMAN PROPERTIES, INC.
Account Number : I20210000047
Phone : (219)757-3730
Fax Number : (219)680-4255

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

Email Address: smustafa@whitepeterman.com

FLORIDA LIMITED LIABILITY CO.

Donlon 31/35, LLC

Certificate of Status	1
Certified Copy	1
Page Count	01
Estimated Charge	\$160.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:

The name of the Limited Liability Company is:

Donlon 31/35, LLC

ARTICLE II – Address:

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

Principal Office Address: 5925 Placita Rd.
Englewood, FL 34224

Mailing Address: 9800 Connecticut Drive
Suite A1-100
Crown Point IN 46307

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

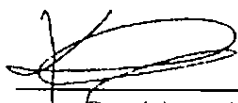
The name and the Florida street address of the registered agent are:

CT Corporation System
Name

1200 S. Pine Island Road
Florida Street Address (No P.O. Box)

Plantation, Florida 33324
City, State, and Zip code

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

Kimberly Bowens

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ARTICLE IV – Manager(s), Officers:

The Company shall be Manager Managed. The Names and Addresses of each person authorized to manage or control the Limited Liability Company:

Title:

Name and Address:

"MGR" = Manager

"AP" = Authorized Person"

MGR

WMB Corp.
9800 Connecticut Dr., Suite A1-100
Crown Point, IN 46307

AP

Robert Hale
Vice President of WMB Corp.
5925 Placita Rd.
Englewood, FL 34224

AP

Kevin Carlson
Vice President of WMB Corp.
9800 Connecticut Dr., Suite A1-100
Crown Point, IN 46307

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.)

Jason Weisler, as Secretary of WMB Corp.

Type or print name of signer

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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