

WIENER AND WIENER LLP

HONORARY MEMBER  
JOEL B. WIENER  
STEPHEN W. WIENER  
JOSEPH P. MAHER

ALL OFFICES

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512 HAMILTON STREET  
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PHONE - (610) 821-8600  
TELEFAX - (610) 821-8635

January 30, 1997

Department of State  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

RE: Truman Associates, LC

Ladies & Gentlemen:


Enclosed please find original and one copy of:

1. Articles of Organization.
2. Affidavit of Membership and Contributions.
3. Certificate of Designation of Registered Agent.
4. Check of our office in the amount of \$285.00 in payment of filing fees and designation of registered agent.

Please forward the letter of acknowledgment to our Pennsylvania office.

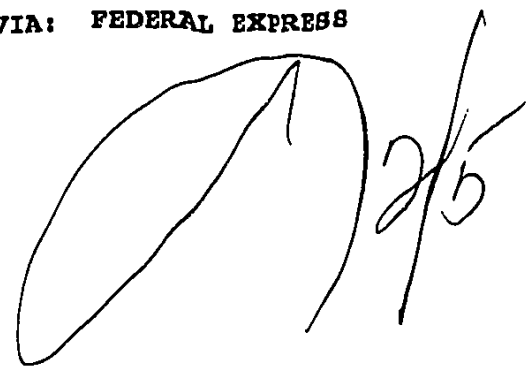
300002074953--4  
-01/31/97--01056--002  
\*\*\*\*285.00 \*\*\*\*285.00

Very truly yours,  
WIENER AND WIENER LLP

  
Stephen W. Wiener

SWW:sg  
Enclosures

VIA: FEDERAL EXPRESS



*Original Signature*  
W97-2690

FLORIDA OFFICE:  
FORUM III - SUITE 900  
1655 PALM BEACH LAKES BOULEVARD  
WEST PALM BEACH, FLORIDA 33401  
PHONE - (561) 689-6660  
TELEFAX - (561) 683-1559

FILED  
97 JAN 31 AM 11:51  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

*Facsimile Transmission From  
The Law Offices Of*

**WIENER AND WIENER**



Howard A. Wiener

Joel B. Wiener

Stephen W. Wiener

Joseph P. Maher

From: S. WIENER of Wiener and Wiener LLP - Allentown Office

To: LORIE POOLE Fax: 904-487-6013

And \_\_\_\_\_ Fax: \_\_\_\_\_

Reference: TRUMAN ASSOCIATES LC - Fax Certificate  
to 610-821-8635

Sent on 2/5 at 1130 am/pm

This document consists of this page plus 3 additional pages.

A copy will not follow by mail unless checked: ☒ (when returned documents received)

If all of the pages are not received clearly, please call the sender at 610-821-8600.

**CONFIDENTIALITY NOTICE :**

THIS IS A CONFIDENTIAL TRANSMISSION TO THE ABOVE NAMED PERSON(S) ONLY. NO DISCLOSURE, NO COPYING NOR ANY OTHER USE OF ANY PART OF THIS TRANSMISSION IS PERMITTED.

If this document has reached you in error, please call the sender to arrange for its return. If the recipient named above is a client or co-counsel of this firm, then this shall be a privileged attorney-client communication.

Suite 400 Commonwealth Building  
512 Hamilton Street  
Allentown, Pennsylvania 18101  
Telephone 610-821-8600  
Fax 610-821-8635

Florida Office  
Suite 900 Forum III  
1665 Palm Beach Lakes Blvd.  
West Palm Beach, Florida

PLEASE SEND ANY REPLY TO ALLENTOWN



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

February 4, 1997

WIENER & WIENER  
% STEPHEN W WIENER  
1655 PALM BEACH LAKES BLVD. SUITE 900  
W PALM BEACH, FL 33401

SUBJECT: TRUMAN ASSOCIATES, INC.  
Ref. Number: W97000002690

We have received your document for TRUMAN ASSOCIATES, INC. and check(s) totaling \$285.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must include original signatures.

SEE AFFIDAVIT PAGE.\*\*\*\*\*

If you have any questions concerning the filing of your document, please call (904) 487-6934.

Loria Poole  
Corporate Specialist

Letter Number: 097A00005664

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

FILED  
97 JAN 31 AM 11:52  
SECRET  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

TRUMAN ASSOCIATES, LC

**ARTICLE II - Address:**

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

Forum III - Suite 900  
1655 Palm Beach Lakes Blvd.  
West Palm Beach, FL 33401

**ARTICLE III - Duration:**

The period of duration for the Limited Liability Company shall be:

To commence immediately and continue for a  
term to end on December 31, 1999.

**ARTICLE IV - Management:**

(check and complete the appropriate statement)

☐ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

☒ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

Vera M. Schiff  
703 Fleming Street  
Key West, FL 33040

Victoria Lesser  
1011 Truman Avenue  
Key West, FL

#### **ARTICLE V - Admission of Additional Members:**

The right, if given, of the remaining members to admit additional members and the terms and conditions of the admissions shall be:

NONE

#### **ARTICLE VI - Members Rights to Continue Business:**

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be: That the business of the company may be continued by consent of a Majority in Interest of the remaining members within ninety (90) days of such event and there shall be at least two (2) remaining members.

NOTE: If no provisions are to be made in Article V and VI remove this page before submitting for filing with the Department of State.

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: \_\_\_\_\_

TRUMAN ASSOCIATES, LC

2. The name and address of the registered agent and office is:

Stephen W. Wiener, Esq.

(NAME)

Forum III - Suite 900

1655 Palm Beach Lakes Blvd.

(P. O. Box NOT ACCEPTABLE)

West Palm Beach, FL 33401

(CITY/STATE/ZIP)

*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.*

  
(SIGNATURE)

1/30/97  
(DATE)

# AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

FILED  
97 JAN 31 AM 11:52  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

The undersigned member or authorized representative of a member of  
TRUMAN ASSOCIATES, LC deposes and says

- 1) the above named limited liability company has at least two members
- 2) the total amount of cash contributed by the member(s) is \$ 30,000.00
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ \_\_\_\_\_  
A description of the property is attached and made a part hereto.
- 4) the amount of cash or property anticipated to be contributed by member(s) is \$ 30,000.00  
This total includes amounts from 2 and 3 above.

Victoria Lesser  
Signature of a member or authorized representative of a member.

In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)