TELEPHONE: FAX NUMBER:

561/965-2759 561/965-4285

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\*\*\*\*293.75 \*\*\*\*293.75

February 26. 1999

Registration Section Division of Corporations P.O. box 6327 Tallahassee, Florida 32314

RE: ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY WELLMAN L.L.C.

Registration Section:

Enclosed find Articles of Organization for Wellman L.L.C. along with check in the total amount of \$293.75 (\$250 filing fee for Articles of Organization and Affidavit; \$35 Designation of Registered Agent; and \$8.75 for Certificate of Status).

Please mail all to me at the above address.

Thank you.

Very truly yours,

NICHOLAS P. WELLMAN NPW/j

enclosures

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

WELLMAN L.L.C.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company 5714 Muirfield Village Circle

Lake Worth, Florida 33463

**ARTICLE III - Duration:** 

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

ARTICLE IV - Management: (Check the appropriate box and complete the 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:

Nicholas P. Wellman 5714 Muirfield Village Circle Lake Worth, Florida 33463

Joan E. Wellman 5714 Muirfield Village Circle Lake Worth, Florida 33463

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

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be: By consent of all existing members in accordance with admission conditions and terms in existence or promulgated by the existing members at the time of admission of additional member or

**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: Remaining members of the limited liability company shall have right to continue the business upon 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.

ARTICLE VIII -	Affidavit	of Membership	and Contributions
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The undersigned member or authorized representative of a member of	ELLMAN L.L.C.	
	certifies:	or 36
1) the above named limited liability company has at least one member;		
2) the total amount of cash contributed by the member(s) is	\$ <u>500.</u>	00 ;
3) if any, the agreed value of property other than cash contributed by mer (A description of the property is attached and made a part hereto.); and	nber(s) is \$	<u> </u>
4) the total amount of cash and property contributed and anticipated to be contributed by member(s) is		00

Signature of a member or an 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.)

Nicholas P. Wellman

Typed or printed name of signee

Filing Fee: \$250.00 for Articles and Affidavit

# 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 TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1.	The name of the limited liability company is:	ELLMAN L.L.C.				
		<u> </u>				
2. The name and the Florida street address of the registered agent are:						
	Nicholas P. Wellman	SECRETO POLIVISION OF				
	NAME	A REST				
	5714 Muirfield Village Cir					
	Florida street address (P. O. Box No.	OT ACCEPTABLE)				
	Lake Worth, Florida 33463	DT ACCEPTABLE)  A DO: 36  A TION'S				
	CITY, STATE AND ZIE					

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.

Distrob C. Wellman SIGNATURE

Filing Fee: \$ 35 for Designation of Registered Agent