

**Florida Department of State**  
**Division of Corporations**  
**Electronic Filing Cover Sheet**

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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.**  
**Binnacle Bend 495, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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

**ARTICLE I – Name:**

The name of the Limited Liability Company is:

Binnacle Bend 495, LLC

**ARTICLE II – Address:**

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

**Principal Office Address:** 411 Park Ave.  
Suite 3  
Boca Grande, FL 33921

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

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

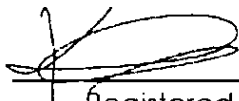
The name and the Florida street address of the registered agent are:

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, Asst. Secretary

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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 of control the Limited Liability Company:

**Title:**

"MGR" = Manager

"AP" = Authorized Person"

**Name and Address:**

MGR

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

AP

Michael Foster  
President  
411 Park Avenue  
Suite 3  
Boca Grande FL 33921

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**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 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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