

L04 0000 54739

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

(Document Number)

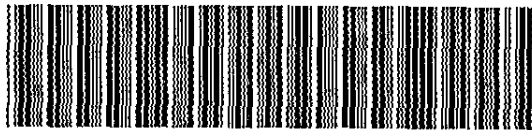
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

7/22/04
M20



000039122500

07/22/04--01052--018 **160.00

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

04 JUL 22 PM 12:58

FILED

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AJH West Coast, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sherrilyn C. Fyock
(Name of Person)

(Firm/Company)

14437 County Line Road
(Address)

Spring Hill, FL 34604-6627
(City/State and Zip Code)

For further information concerning this matter, please call:

Sherrilyn C. Fyock at (352) 686-9110
(Name of Person) (Area Code & Daytime Telephone Number)

FILED
04 JUL 22 PM 12:58
TALLAHASSEE, FLORIDA

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

AJH West Coast, LLC

ARTICLE II - Address:

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

Principal Office Address:

14437 County Line Road

Spring Hill, FL 34604-6627

Mailing Address:

14437 County Line Rd

Spring Hill, FL 34604-6627

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

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

Sherrilyn Fyock

Name

14437 County Line Road

Florida street address (P.O. Box **NOT** acceptable)

Spring Hill

FLORIDA 34604-6627

City, State, and Zip

FILED
04 JUL 22 PM 12:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 608, Florida Statutes..

Sherrilyn Fyock

Registered Agent's Signature

ARTICLE IV- Manager(s) or Managing Member(s):

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Sherrilyn C. Fyock

14437 County Line Road

Spring Hill, FL 34604-6627

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Sherrilyn C. Fyock
Signature of a member or an authorized representative of a member.

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

Sherrilyn C. Fyock
Typed or printed name of signee

04 JUL 22 PM 12: 59
FILED
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

Filing Fees:

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)