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Division of Corporations
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 : SNYDER & SNYDER, P.A.
Account Number : I20160000107
Phone : (954)475-1139
Fax Number : (954)475-2634

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

Email Address: corp@snyderlawpa.com

FLORIDA LIMITED LIABILITY CO.
Westport Assets, LLC

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

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TALLAHASSEE, FLORIDA

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: Westport Assets, 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:

Shawn C. Snyder, Esq.
Name of Person

Snyder & Snyder, P.A.
Firm/Company

7931 Orange Drive
Address

Davie, FL 33328
City/State and Zip Code

corp@snyderlawpa.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shawn C. Snyder, Esq. at (954) 475-1139
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
 \$130.00 Filing Fee & Certificate of Status
 \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
 \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
 New Filing Section
 Division of Corporations
 P.O. Box 6327
 Tallahassee, FL 32314

Street Address
 New Filing Section
 Division of Corporations
 Clifton Building
 2661 Executive Center Circle
 Tallahassee, FL 32301

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Westport Asséts, LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

16730 N.W. 15th Street
Pembroke Pines, FL 33028

16730 N.W. 15th Street
Pembroke Pines, FL 33028

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Shawn C. Snyder
Name

7931 Orange Drive
Florida street address (P.O. Box **NOT** acceptable)

Davie Florida 33328
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 as provided for in Chapter 605, F.S.


Registered Agent(s) Signature (REQUIRED)

(CONTINUED)

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17 AUG - 7 PM 8:14

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u>	<u>Name and Address:</u>
"AMBR" = Authorized Member	
"MGR" = Manager	
<u>MGR</u>	<u>Luz E. Velez-Cardamone</u> <u>16730 N.W. 15th Street</u> <u>Pembroke Pines, FL 33028</u>
<u>MGR</u>	<u>Daniel J. Cardamone</u> <u>16730 N.W. 15th Street</u> <u>Pembroke Pines, FL 33028</u>
<u>_____</u>	<u>_____</u>
<u>_____</u>	<u>_____</u>

(Use attachment if necessary)

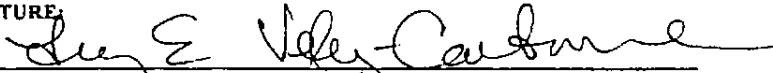
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

Luz E. Velez-Cardamone
Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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WESTPORT ASSETS LLC
16730 N.W. 15th Street
Pembroke Pines, FL 33028

July 7, 2017

Department of State
Attn: New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: *Westport Assets LLC*
Document No.: P17 000039911
Release of Name

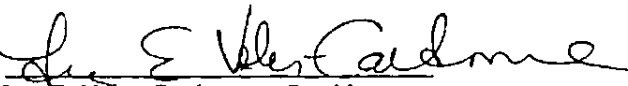
Dear Sir or Madam:

Westport Assets LLC, whose document number is P17000039911, electronically filed Articles of Dissolution with your office on July 7, 2017. The effective date of dissolution is July 7, 2017.

As the President of Westport Assets LLC, I hereby agree and consent to the immediate release of the name "Westport Assets LLC" to Westport Assets, LLC, a new entity that will be formed with the exact name. The release of name shall be granted to Westport Assets, LLC, which is filing Articles of Organization with the State simultaneously hereto.

I appreciate your assistance regarding this matter. Should you have any questions or require any additional information, please do not hesitate to contact me at (954) 214-6390

WESTPORT ASSETS LLC

By: 
Luz E. Velaz-Cardamone, President

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