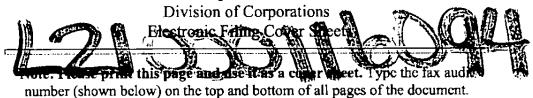
Florida Department of State



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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 Phone : (855) 498-5500 Fax Number : (800) 432-3622

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

Email Address:

FLORIDA LIMITED LIABILITY CO. WESTERN LAKE, L.L.C.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

573

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

WESTERN LAKE,	L.L.C.			
(Must con	tain the words "Limited	Liability Company, "	L.L.C.," or "LLC.")	
ARTICLE II - Address:				
The mailing address and street a	address of the principal of	office of the Limited I	Liability Company is:	
<u>Princi</u>	pal Office Address:		Mailing Address:	
1609 Gulf Avenue		1609	Gulf Avenue	
Midland, Texas 797	05	Midla	nd, Texas 79705	
another business entity with an	active Florida registration	on.)	ou must designate an individual o	r
another business entity with an	active Florida registration address of the registere	on.) d agent are:	ou must designate an individual o	r
another business entity with an	active Florida registration	on.) d agent are:	ou must designate an individual o	r
another business entity with an	active Florida registration address of the registere	on.) d agent are: ervices, Inc. Name	ou must designate an individual o	r
another business entity with an	active Florida registration address of the registere Capitol Corporate S 515 E. Park Avenue	on.) d agent are: ervices, Inc. Name		r
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another business entity with an	active Florida registration address of the registere Capitol Corporate S 515 E. Park Avenue Florida street address	on.) d agent are: ervices, Inc. Name s, Floor 2 ss (P.O. Box <u>NOT</u> acc	ceptable)	r
another business entity with an another business entity with an The name and the Florida street daving been named as registered place designated in this certificate further agree to comply with the p	active Florida registration address of the registere Capitol Corporate S 515 E. Park Avenue Florida street address Tallahasse City agent and to accept serve, I hereby accept the app	on.) d agent are: ervices, Inc. Name s, Floor 2 ss (P.O. Box NOT acc Florida State vice of process for the accountment as registered	ceptable) 32301 Zip above stated limit agent and agre	iited liability compo ee to act in this cap

Kim Tadlock of Capitol Corporate Services, Inc. Registered Agent's Signature (REQUIRED)

(CONTINUED)

<u>itle:</u>	Name and Address:	
AMBR" = Authorized Member		
MGR" = Manager		
MGR	REBECCA SUZANNE SMITH	
	1609 Gulf Avenue Midland. Texas 79705	
	Midland, Texas 79705	
	<u> </u>	
V: Effective date, if other than the date	e of filing: (OPTIONA	L)
ctive date is listed, the date must be sp filing.)	pecific and cannot be more than five business days prior meet the applicable statutory filing requirements, this date	to or 90 c
V: Effective date, if other than the date tive date is listed, the date must be sp filling.) the date inserted in this block does not ent's effective date on the Department	pecific and cannot be more than five business days prior meet the applicable statutory filing requirements, this date	to or 90 c
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V: Effective date, if other than the date tive date is listed, the date must be sp filing.) ne date inserted in this block does not ent's effective date on the Department VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a m This document is executed any false.	/s / REBECCA SUZANNE SMITH ember or an authorized representative of a member. ited in accordance with section 605.0203 (1) (b), Florida S is information submitted in a document to the Department of felony as provided for in s.817.155, F.S.	to or 90 c
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