# M1400003944

(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:
JUN - 6 2014
A. LUNT
W14-3460

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TO MURRIANT OF FILMS

THE STREET STREE

SE W C- WALTING



June 3, 2014

Department of State, Florida Clifton Building 2611 Executive Center Circle Tallahassee FL 32301

Re:

Order #: 9164323 SO

Customer Reference 1:

None Given

Customer Reference 2:

None Given

Dear Department of State, Florida:

Please obtain the following:

Westport, L.L.C. (DC) Registration Florida

Westport, L.L.C. (DC) Certificate of Status-Foreign Florida

Westport, L.L.C. (DC) Cert Copy of Application for Authority-Foreign Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092 . Thank you very much for your help.

Sincerely,

Connie R Bryan Senior Fulfillment Specialist Connie.Bryan@wolterskluwer.com



June 5, 2014

Secretary of State, Florida 2661 Executive Circle Center Tallahassee FL 32301 14 JUNI -5 PH 3: 44

Re:

Order #: 9164323 SO

Customer Reference 1:

None Given

Customer Reference 2:

None Given

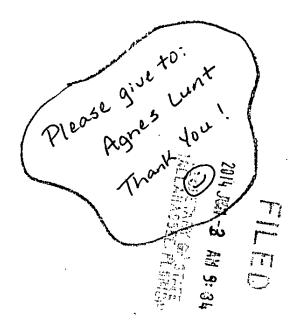
Dear Secretary of State, Florida:

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Sincerely,

Connie R Bryan Senior Fulfillment Specialist Connie.Bryan@wolterskluwer.com \*RE-SUBMIT\* e retain original

Please retain original filing date of submission 413

Page 1 of 2



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

June 4, 2014

CT CORPORATION SYSTEM ATTN: CONNIE R BRYAN

SUBJECT: WESTPORT, L.L.C. Ref. Number: W14000034601



We have received your document for WESTPORT, L.L.C. and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Agnes Lunt Regulatory Specialist II

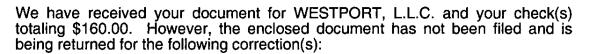
Letter Number: 814A00011994



June 5, 2014

CT CORPORATION SYSTEM ATTN: CONNIE R BRYAN

SUBJECT: WESTPORT, L.L.C. Ref. Number: W14000034601



You failed to make the correction(s) requested in our previous letter.

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

The document number of the name conflict is 699193 THE WESTPORT COMPANY.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Agnes Lunt Regulatory Specialist II

Letter Number: 514A00012092

#### **COVER LETTER**

TO:

Registration Section
Division of Corporations

SHBJECT

WESTPORT, L.L.C

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida...

Please return all correspondence concerning this matter to the following:

## SUZANNE WALKER, PARALEGAL

Name of Person

### PHELPS DUNBAR LLP

Firm/Company

100 S. ASHLEY DRIVE, SUITE 1900

Address

TAMPA, FLORIDA 33602

City/State and Zip Code

## CANDY.LAFONT@CHOUEST.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

### CANDY LAFONT

985

601-4444. EXT 51910

Name of Contact Person

Area Code

Daytime Telephone Number

#### **MAILING ADDRESS:**

Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314

#### **STREET ADDRESS:**

Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

#### 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

■ \$160.00 Filing Fee, Certificate of Status & Certified Copy

#### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: WESTPORT, L.L.C (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.") (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) C/O SUZANNE THOMAS, SR. CORPORATE PARALEGAL, STOEL RIVES LL 600 UNIVERSITY STREET, SUITE 3600, SEATTLE, WA. 981019 (Street Address of Principal Office) 6. C/O SUZANNE THOMAS, SR. CORPORATE PARALEGAL, STOEL RIVES LLP 600 UNIVERSITY STREET, SUITE 3600, SEATTLE, WA. 98101 (Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: DONNA AUSTIN, MANAGER, 16201 EAST MAIN STREET, CUT OFF, LA. 70345 8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

(In accordance with section 605.0203, F.S., 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.)

William J. Podolsky, III, its legal representative

Signature of an authorized person

Typed or printed name of signee

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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:			
WESTPORT, L.L.C.			_
If unavailable, the alternate to be used in the state of Florida is:			
Westport Florida, L.L.C.			
	-	1.4.4	

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

C T CORPORATION SYSTEM (Name)

1200 S. Pine Island Rd # 250

Florida Street Address (P.O. Box NOT ACCEPTABLE)

PLANTATION FI, 33324

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, Florida Statutes.

Angel-Nunez
Assistant Secretary

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

# The State of Was Secretary of State Washington

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

# CERTIFICATE OF EXISTENCE/AUTHORIZATION **OF** WESTPORT, L.L.C.

I FURTHER CERTIFY that the records on file in this office show that the above named Limited Liability Company was formed under the laws of the State of WA and was issued a Certificate Of Formation in Washington on 3/20/2014.

I FURTHER CERTIFY that as of the date of this certificate, WESTPORT, L.L.C. remains active and has complied with the filing requirements of this office.

Date: May 30, 2014

UBI: 603-387-368



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State