M14000003944

(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

W14-34601

Office Use Only

200260742352

06/03/14--01006--013 **160.00

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2014 JUN -3 AM 11:39

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2014 JUN -3 AM 9:34

CT

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

CT

June 5, 2014

RECEIVED
14 JUN -5 PM 3:44
DIVISION OF CORPORATIONS

Secretary of State, Florida
2661 Executive Circle Center
Tallahassee FL 32301

Re: Order #: 9164323 SO
Customer Reference 1: None Given
Customer Reference 2: None Given

Please give to:
Agnes Lunt
Thank You!

FILED
2014 JUN -3 AM 9:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dear Secretary 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,

RE-SUBMIT
Please retain original filing date of submission 6/3

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

FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 4, 2014

FILED
2014 JUN -3 AM 9:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 5, 2014

FILED
2014 JUN -3 AM 9:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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):

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

FILED
2014 JAN -3 AM 9:35
TALLAHASSEE, FLORIDA

TO: **Registration Section**
Division of Corporations

SUBJECT: 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 at (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:

1. WESTPORT, L.L.C
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Westport Florida, L.L.C.
(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.")

2. WASHINGTON
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 46-5463541
(FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. C/O SUZANNE THOMAS, SR. CORPORATE PARALEGAL, STOEL RIVES LLP
600 UNIVERSITY STREET, SUITE 3600, SEATTLE, WA. 98101
(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)

Signature ~~of an authorized~~ person

(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
Typed or printed name of signee

FILED
2014 JAN 13 AM 9:54

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.

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 FL 33324
City/State/Zip

FILED
2014 JAN -3 AM 9:34
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 605, Florida Statutes.

Angel Nunez
Assistant Secretary
(Signature)

$ 100.00	Filing Fee for Application
$ 25.00	Designation of Registered Agent
$ 30.00	Certified Copy (optional)
$ 5.00	Certificate of Status (optional)

UNITED STATES OF AMERICA

The State of Washington

Secretary of State

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

Kim Wyman, Secretary of State