DOCUMENT # L00000008026 1. Entity Name WESTMARK AD GROUP, LLC					1		FILED		
					01 SEP -7 AM 9: 04				
					SECRETARY OF STATE TAUL/AHASSEE, FLORIDA				
Principal Place of Business Mailing Address 222 LAKEVIEW AVENUE, SAME						TALLIAN	ASSEE	FLUMBA	
#160-2		SAPIE							
	ALM BEACH, FL 3340	1							
. Principal Pl	lace of Business	3. Mailing Address			4				
SAME Suite, Apt. #, etc. City & State		SAME Suite, Apt. #, etc.			1				
					DO NOT WRITE IN THIS SPACE				
		City & State			A FELNumber 7 551-7 Applied For				
Zip	Country USA	Zip	Country	у	5. Certificate	of Status Desired	1 X	\$5.00 Ad	ot Applicable ditional
	6. Name and Address of Current	Registered Agent	1 UJA		l	Address of Nev		Fee Require	ed
NRAI SERVICES, INC.				Name CHARLI	ES A. LUB			-9	
526 EA	AST PARK AVENUE			Street Address	(P.O. Box Numbe	r is Not Accepta			
TALLAH	IASSEE, FL 32301		-	SUITE 19	TH_FLAGLE	R DRIVE			
	•		-					Zip Coo	ie .
	··				ALM BEACH		F	L 2500	
. The above				d affice as readalm	red agent, or bot	 in the State of 	Florida.		
	named entity submits this statement for			Jource or register	go, oc.				
BY: CHA	RLES CHURLTZ. AS.	ATTISTED AGEN	T				РТЕМВЕ	R 6, 20	01
BY: CHA	RLES A. ZURITZ, AS I	and title if applicable. (NO	T TE: Registered A	Agent signature requires	d when reinstating)				01
BY: CHA	RLES CHURLTZ. AS.	and the if applicable. (NO FILE IN	T OTE: Registered A	Agent signature require	d when reinstating)		РТЕМВЕ		01
BY: CHA	RLES CHURLTZ. AS.	and title if applicable. (NO FILE N	TE Registered A IOWII! Fi	Agent sonalize require EE IS \$50.00 Department of	d when reinstating)		РТЕМВЕ		01
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BY: CHA	CLUBITZ, AS. Signature. Typed or printed name of registered agent managing memb	and the Wappicable NO	TOWIII FE ayable to	Agent sonalize require EE IS \$50.00 Department of	d when reinstating)	SE	CPT EMBE DATE		01
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