Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

10/15

#####78.75 ****#78.75

SUBJECT: West Cyr	PRess L	LC	DE CHERIV		· 		
00789-00423-00471 WOI-22429							
			-	10	,		
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:							
S70.00 S78.75 Filing Fee & Certificate	of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	Status \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	01 007			
FROM: KATUY TAYLOR Name (Printed or typed) 2315 W CyfRess ST. Address					FILED		
8/3-25	City, Sta	-	000045896 -09/26/01010 ******46.75 *				

NOTE: Please provide the original and one copy of the articles.

WUI-21684



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

September 19, 2001

KATHY TAYLOR 2315 W CYPRESS ST TAMPA, FL 33609

SUBJECT: WEST CYPRESS, LLC Ref. Number: W01000021684

We have received your document for WEST CYPRESS, LLC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your document is being returned as requested.

Please return the original and one copy of 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) 245-6915.

Pamela Smith Document Specialist New Filings Section

flease see attached. Thank you! Letter Number: 001A00052369



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

September 27, 2001

KATHY TAYLOR 2315 W. CYPRESS ST. TAMPA, FL 33609

SUBJECT: WEST CYPRESS LLC Ref. Number: W01000022429

We have received your document for WEST CYPRESS LLC and your check(s) totaling \$125.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6967.

Michelle Hodges Document Specialist

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Letter Number: 901A00053731

ARTICI, ES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is: West Cyfress LLC			
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Comp 23/5 W. Cyples A. Tampa, FC 33609 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:	any is:		
The name and the Florida street address of the registered agent are:			
KAThy TAYLOR Name			-10-0
A315 W. Cyfress Sf Florida street address (P.O. Box NOT acceptable)			
TAMPA FL 33609 City, State, and Zip			-
liability company at the place designated in this certificate, I hereby accept the appointment registered agent and agree to act in this capacity. I further agree to comply with the provisic statutes relating to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Registered Agent's Signature	ons of all h and	-	
Article IV - Management (Check box if applicable.)			
The Limited Liability Company is to be managed by one manager or more managers a therefore, a manager - managed company.	ma 18,		
(An additional article must be added if an effective date is requested)			
Harry Da Das	IAS	0	
Signature of a member or an authorized representative of a member.	SECRE ALLAF	90	
(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)	TARY OF S	7 15 PM 4:42	FILED
Typed or printed name of signee	TATE ORIDA	: 42	
Filing Fees:			

\$100.00 Filing Fee for Articles of Organization \$25.00 Designation of Registered Agent \$30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)