

# W2000025559

CORPORATION(S) NAME

1. West Associates, L.L.C.
2. Parkway Associates, L.L.C.
3. Boulevard Associates, L.L.C.
4. Drive Associates, L.L.C.
5. B Lane Associates, L.L.C.
6. S Road Associates, L.L.C.

FILED  
 02 SEP 30 PM 1:16  
 TALLAHASSEE, FLORIDA

<input type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> Nonprofit	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
<input type="checkbox"/> Foreign	<input type="checkbox"/> Reinstatement	<input type="checkbox"/> Other
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Change of RA
<input checked="" type="checkbox"/> LLC	<input type="checkbox"/> Name Registration	<input type="checkbox"/> UCC
<input checked="" type="checkbox"/> Certified Copy	<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> CUS
<input type="checkbox"/> Photocopies	<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem	<input type="checkbox"/> After 4:30
<input checked="" type="checkbox"/> Walk In	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up
<input type="checkbox"/> Mail Out		

RECEIVED  
 02 SEP 30 AM 11:13  
 DIVISION OF CORPORATION

Name \_\_\_\_\_  
 Availability 9/30/02  
 Document \_\_\_\_\_  
 Examiner \_\_\_\_\_  
 Updater \_\_\_\_\_  
 Verifier \_\_\_\_\_  
 W.P. Verifier \_\_\_\_\_

Order#: 5589685  
 900008098649--1  
 -09/30/02--01042--008  
 Ref#: \*\*\*\*180.00 \*\*\*\*\*30.00  
 900008098649--1  
 -09/30/02--01042--009  
 Amount: \$ \*\*\*\*125.00 \*\*\*\*\*125.00

660 East Jefferson Street  
 Tallahassee, FL 32301  
 Tel. 850 222 1092  
 Fax 850 222 7615

*9/30 cert*

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

West Associates, L.L.C.

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

24 Bank Street, New Milford, Connecticut 06776


**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

C T Corporation System	
Name	
c/o CT Corporation System, 1200 South Pine Island Road	
Florida street address (P.O. Box <u>NOT</u> acceptable)	
Plantation	FL 33324
City, State, and Zip	

02 SEP 30 PM 1:11  
 RECEIVED  
 STATE OF FLORIDA  
 DEPARTMENT OF REVENUE

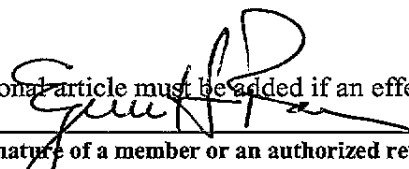
*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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 608, F.S.*

  
 C T Corporation System  
 Registered Agent's Signature      Michael E. Jones  
    Assistant Secretary

**Article IV - Management (Check box if applicable.)**

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

  
 \_\_\_\_\_  
 Signature of a member or an authorized representative of a member.

(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.)

Eugene H. Rosen, Manager  
 \_\_\_\_\_  
 Typed or printed name of signee

- 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)