

LO2000029397

Request
West Coast Distributing
8144 EARLSHIRE LN.
SPRING HILL, FL 34606

Phone #

500008371825--9
-10/15/02--01028--011
***125.00 ***125.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 NOV -1, PM 8:55

FILED

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

LO2-29397
JL

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

October 16, 2002

WEST COAST DISTRIBUTING
8144 EARLSHIRE LANE
SPRING HILL, FL 34606

SUBJECT: WEST COAST DISTRIBUTING LLC
Ref. Number: W02000029811

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 NOV 14 PM 8:55

FILED

We have received your document for WEST COAST DISTRIBUTING LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must be listed in article I.,

The document must contain both the street address of the principal office and the mailing address of the entity.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 802A00057605



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

October 25, 2002

WEST COAST DISTRIBUTING
8144 EARLSHIRE LANE
SPRING HILL, FL 34606

SUBJECT: WEST COAST DISTRIBUTING LLC
Ref. Number: W02000029811

We have received your document for WEST COAST DISTRIBUTING LLC and your check(s) totaling \$125.00. 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.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 302A00058920

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 NOV - 4 PM 8:55

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

WEST COAST DISTRIBUTING LLC

ARTICLE II - Address:

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

8144 EARLSHIRE LANE SPRING HILL, FL 34606

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

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

NORMAN GROESBECK

Name

8144 EARLSHIRE LANE

Florida street address (P.O. Box **NOT** acceptable)

SPRING HILL FL 34606

City, State, and 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 608, F.S.

Norman Groesbeck

Registered Agent's Signature

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)

Norman Groesbeck

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.)

NORMAN GROESBECK

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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 NOV 14 AM 8:55

FILED