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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 FEB 18 PM 4:05

# Carregal Accounting Service

10809 N. 56<sup>th</sup> Street, Tampa, Florida 33617  
(813)877-6371 FAX(813)868-0774 [info@censc.com](mailto:info@censc.com)

08 January 2003

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

603-1061

TO WHOM IT MAY CONCERN:

ENCLOSED PLEASE FIND THE ARTICLES OF INCORPORATION FOR WESTFALL RESIDENTIAL, LLC, AS WELL AS A CHECK FOR \$160.00 COVERING THE VARIOUS FEES.

PLEASE RETURN THE CERTIFIED COPY OF THE ARTICLES TO MY ATTENTION AT 10809 N. 56<sup>TH</sup> STREET, TAMPA, FLORIDA 33617.

SHOULD YOU HAVE ANY QUESTIONS REGARDING THIS MATTER, PLEASE FEEL FREE TO CALL (813)877-6371

THANK YOU,

ALAN CARREGAL

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FLORIDA DEPARTMENT OF STATE  
Ken Detzner  
Secretary of State

January 13, 2003

CARREGAL ACCOUNTING SERVICE  
10809 N. 56TH STREET  
TAMPA, FL 33617

SUBJECT: WESTFALL RESIDENTIAL, LLC  
Ref. Number: W03000001061

We have received your document for WESTFALL RESIDENTIAL, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective October 1, 1999, Chapter 608, Florida Statutes, does not require or permit the filing of an "Affidavit of Membership and Capital Contributions." Therefore, the enclosed document has not been filed and is being returned to you.

Enclosed is our blank form for your use. If you do not wish to use our form, please be sure that the term "affidavit" does not appear in your document.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers  
Document Specialist

Letter Number: 303A00001659

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**ARTICLES OF ORGANIZATION  
OF  
WESTFALL RESIDENTIAL, LLC**

**ARTICLE I: NAME**

The name of this limited liability company shall be WESTFALL RESIDENTIAL, LLC

**ARTICLE II: DURATION**

The duration of this limited liability company shall be perpetual.

**ARTICLE III: PRINCIPAL OFFICE**

The principal office of this limited liability company is:

Mailing and Physical Location:  
5008 W. Linebaugh Avenue, Suite 29  
Tampa, Florida 33624

**ARTICLE IV: RESIDENT AGENT**

The Resident Agent shall be Kirk Westfall, whose address is 5008 W. Linebaugh Ave., Suite 29, Tampa, Florida 33624, and such Resident Agent has accepted this position as Resident Agent at the end of this document.

**ARTICLE V: ADDITION OF MEMBERS**

Additional members may be added upon the unanimous written consent of all persons who are then members to add a member or members, subject to all restrictions then applicable to members. Members so approved will be added upon execution of a written consent to be bound by all terms of the governing instruments then applicable to the L.L.C.

**ARTICLE VI: CONTINUATION UPON CERTAIN EVENTS**

The remaining members of this limited liability company (or any two or more of them) may elect by their written consent to same to continue its business upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of member or the occurrence of any other event which terminates the continued membership of a member in this limited liability company.

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ARTICLE VII: MANAGEMENT

This limited liability shall be managed by its members.

ARTICLE VIII: MEMBERS WHO WILL MANAGE

The members who shall initially manage this limited liability company are:

Kirk Westfall  
5008 W. Linebaugh Avenue, Suite 29  
Tampa, FL 33624

Maria Westfall  
5008 W. Linebaugh Avenue, Suite 29  
Tampa, FL 33624

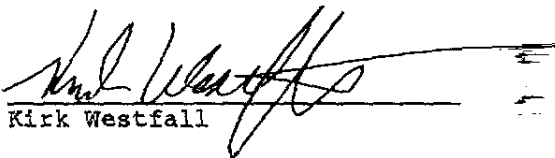
EXECUTION

State of Florida  
County of Hillsborough

I hereby, on oath, swear and affirm on behalf of myself and all the members, the foregoing Articles have been agreed to and accepted;

; and that there are at least two members of this limited liability company.

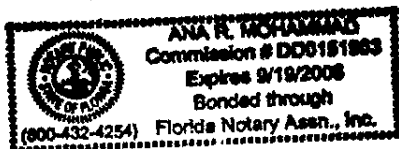
Signing Member:

  
Kirk Westfall

The foregoing instrument was acknowledged before me by Kirk Westfall Who has produced his Known Personally identification and who did take an oath.

WITNESS my hand and seal, this 25<sup>th</sup> day of November, 2002

  
Notary Public



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ACCEPTANCE OF RESIDENT AGENT

I certify that I am a permanent resident of Tampa Bay Area, Hillsborough County, Florida, and that both my post office address and residence is indicated above. I am familiar with and accept the obligations of the position as Registered Agent.

Executed this 2<sup>nd</sup> day of December, 2002.

  
Resident Agent

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