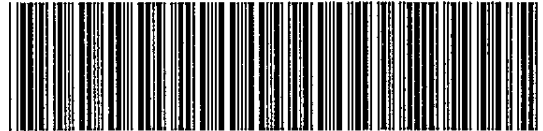


L03000013959



John C. West
P O Box 13357
Tallahassee, FL 32317-3357



800015668528

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

04/17/08--01029--009 **155.00

W4/18

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 APR 17 AM 9:55

Office Use Only

30

From. John C West

Mailing address

P.O. Box 13357

Tallahassee FL.

32317

Street address

2008 Chali Nene

Tallahassee FL

32301

Phone # 850-508-0487

Thank you

John C West

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 APR 17 AM 9:55

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

West Services LLC.

ARTICLE II - Address:

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

Mailing address - PO Box 13357
Tallahassee FL 32317
Street address - 2008 Chuli Nene
Tallahassee FL 32301

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

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

John C West
Name
2008 Chuli Nene
Florida street address (P.O. Box NOT acceptable)
Tallahassee FL 32301
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.

[Signature]
Registered Agent's Signature

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
AM 9:55

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

[Signature]
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.)

John C West
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)