# L030000/4627

(Requestor's Name)				
(Ac	ddress)			
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(Ci	ty/State/Zip/Phone	· #)		
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PICK-UP	☐ WAIT	MAIL		
(Bi	ısiness Entity Nam	ne)		
(Do	cument Number)			
Certified Conies	Certificates	of Status		
Certified Copies Certificates of Status				
Special Instructions to	Filing Officer:			
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Office Use Only



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2003 APR 23 AN 9: 54

## TRANSMITTAL LETTER

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

SUBJECT: West Zephyr, LLC

(Proposed limited liability company name - must include suffix)

Enclosed is an original and one (1) copy.

Filing fee for articles of organization of Florida Limited Liability Company:

\$100.00 Filing fee for Articles of Organization \$25.00 Designation of Registered Agent

A letter of acknowledgement will be issued free of charge upon filing. Please submit an additional \$5 if a certificate of status is needed. The fee for a certified copy is \$30. Please send one check for the total amount made payable to the Florida Department of State.

FROM: _	Timothy A Prell	2003 APR
-	Name (Printed or typed)	R 23
	1452 Watermill Cir.	SHE TO
_	Address	POR 9:
	Tarpon Spring FL 34689	SE 54
-	City, State & Zip	PES
	(727) 945 0585	
-	Daytime Telephone number	

# ' ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### **ARTICLE I - Name:**

The name of the Limited Liability Company is: West Zephyr, LLC

### **ARTICLE II - Address:**

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

1452 Watermill Circle, Tarpon Springs FLorida 34689

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

		_	_
The name and the Florida street	address of the register	red agent are:	9 10 K
Parkers and the Control of the Contr	Corporate Agent		MOS HAZO M 9:54
			The the
	3428 Dove Hollo		· - 15/2/2 4
FI	lorida street address (P.O.	Box NOT acceptable)	
	Palm Harbor, FL City, State, a		7695 7695
Having been named as registere liability company at the place d registered agent and agree to a statutes relating to the proper a accept the obligations of my pos	lesignated in this certif act in this capacity. I fi and complete performa	icate, I hereby accept the a urther agree to comply with ince of my duties, and I am ent as provided for in Chap G COVF, LLC	appointment as h the provisions of all familiar with and
	BY	e No MENSER	<del></del>
	Registered :	Agent's Signature	
Article IV - Management (C  The Limited Liability Contherefore, a manager - ma	npany is to be manage		e managers and is,
(An additional	I article must be added	I if an effective date is req	uested)
7	Time a 1		
Signature o	f a member or an author	ized representative of a mem	ber.
of this docu		(3), Florida Statutes, the executivation under the penalties of per	
Timo	othy A Prell		
**************************************	Typed or printed	name of signee	
	\$ 25.00 Desi	ng Fee for Articles of Organiz ignation of Registered Agent	ation

\$ 5.00 Certificate of Status (Optional)