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DIVISION OF CORPORATION OF CORPORATION

## TRANSMITTAL LETTER

TO:	Registration Section Division of Corporations
SUBJE	
The en	closed Articles of Organization and fee(s) are submitted for filing.
	Please return all correspondence concerning this matter to the following:
	(Name of Limited Liability Company)  closed Articles of Organization and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  Kenny Butlatt (Name of Person)
	WEST COAST KENOUATIONS LLC, PETS (Firm/Company)
	2101 Alvakano Lane (Address)
	SACASOTA FC 3/23 / (City/State and Zip Code)
For fur	ther information concerning this matter, please call:
	(Name of Person) at (941) 937 - 0539 (Area Code & Daytime Telephone Number)

STREET ADDRESS:

17.5

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY  ARTICLE I - Name: The name of the Limited Liability Company is:					
ARTICLE I - Name: The name of the Limited Liability Company is:	THE SECOND PARTY OF THE PARTY O				
WEST COAST RONGUATIONS	L.L.C.				
ARTICLE II - Address:  The mailing address and street address of the principal office of the Limited Liability Company is:					
Principal Office Address:	Mailing Address:				
2101 Alvarao Lav	2101 Alvarado La.				
SARASOTA, FL 34231	SARASOTA, FL. 34231				
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:  The name and the Florida street address of the registered agent are:  Name					
Florida street address (P.O. Box NOT acceptable)					
SALASOTA, FL 3423/ FL City, State, and Zip	ORIDA				

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, Florida Statutes..

Page 1 of 2 (CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:				
Title: "MGR" = Manager "MGRM" = Managing Member  MGRM	Name and Address:  Ocular Querras  Solve Gulf Drive Holmes Beach  34217			
(Use attachment if necessary)  NOTE: An additional article must be	added if an effective date is requested.			
REQUIRED SIGNATURE:  Signature of a member or an age	thorized representative of a member.			
(In accordance with section 608.4 of this document constitutes an af that the facts stated herein are true Devices.  Typed or print	Ruestar ()			

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)