L04000036761

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	. <u></u>
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



100032587521

O4 MAY I4 PM 1: 2 SECRETARY OF STATI ALLAHASSEE, FLORII

OLHAY IL ANIO: 37





ACCOUNT NO. : 072100000032

REFERENCE: 647468 156480A

AUTHORIZATION:

COST LIMIT : \$ 125.00 ""

ORDER DATE: May 13, 2004

ORDER TIME : 9:56 AM

ORDER NO. : 647468-005

CUSTOMER NO: 156480A

CUSTOMER: Ms. Layla Tabor

Roberts, Seward & Company

Suite 202

505 E. Jackson Street

Tampa, FL 33602

DOMESTIC FILING

NAME: WESTSHORE 701, LLC

EFFECTIVE DATE:

	ARTICLE	S OF	INC	CORPORA)ITA	ON		
	CERTIFI	CATE	OF	LIMIT	ED I	PARTNE	RSHI	Ρ
XX	ARTICLE	S OF	ORG	ANIZA:	rioi	1		-
DI UNCE	o minitudat	milla '	ה הי	OMITAIC	70.0	חחסס פי	ΩE	דים

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan - EXT. 2955

EXAMINER'S INITIALS:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

SECKLIFSSE	OF STAID OF STAID	T. P. 1.26	TO .
	P		

ARTICLE 1 - Name: The name of the Limited Liability Company is:	P
Westerne 701, LLC	
ARTICLE II - Address: The mailing address and street address of the principal	al office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2701 N. Focky Poot D.	2701 N. Rocky Point Dr
Suite 220	Suite 200
Tampa, FL 33007	Tampa, FL 832007
ARTICLE III - Registered Agent, Registered Office The name and the Florida street address of the registered.	

2701 N. Packy Point Dr. Swite 220
Florida street address (P.O. Box NOT acceptable)

Tampa FLORIDA 334007
City, State, and Zlp

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..

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

Intle: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
mbe	Pers Joseph
	ALDRA BORNA CITCLE
	Tampa, FL 33,039
•	
Use attachment if necessary)	· · · · · · · · · · · · · · · · · · ·
VOTE: An additional author ma	not be added if no affective data is accurated
NOTE: An additional article me	ast be added if an effective date is requested.
	ist be added if an effective date is requested.
	est be added if an effective date is requested.
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	of an authorized representative of a member.
REQUIRED SIGNATURE: Signature of a member to (In accordance with section	on 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of periory

Filing Form
\$100.09 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)