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OF JUN -9 AM II: D4

TRANSMITTAL LETTER

Division of Corporations	
SUBJECT: Westpoints Investment Partners, LLC	
(Name of Limited Liability Company)	
, , , , , , , , , , , , , , , , , , ,	EFFECTIVE DATE
Please return all correspondence concerning this matter to the following	ng:
Ronald Bailey, Jr. CPA	
(Name of Person)	
Westpoints Capital Group, LLC	
(Firm/Company)	04 SE:
1004 Collier Center Way, Suite 100	AF JU
(Address)	SS O
Naples, FL 34110	
(City/State and Zip Code)	AHIII: 04
For further information concerning this matter, please call:	H: 04 LORIDA
Ronald Bailey, Jr. CPA at (239) 597-8866 (Name of Person) (Area Code & Daytime Telephone N	umber)
Effecte	ie 6/1/04

STREET ADDRESS:

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Registration Section

TO:

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

ARTICLE I - Name: The name of the Limited Liability Company is:	EFFECTIVE DATE
Westpoints Investment Partners, LLC	
ARTICLE II - Address: The mailing address and street address of the principal	office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1004 Collier Center Way, Suite 100	1004 Collier Center Way, Suite 100
Naples, FL 34110	Naples, FL 34110
ARTICLE III - Registered Agent, Registered Office The name and the Florida street address of the registered	
Ronald Bailey, Jr. Name	O4 JUN TALLAHA
1004 Collier Center Way, Suite 100	SSE
Florida street address (P.O. Box N	OI acceptable)
Naples, FL 34110 FL City, State, and Zip	ORIDA 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..

Registered Agent's Signature

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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:		
MGR MGR	Ronald Bailey, Jr.		
egen en e	1004 Collier Center Way Naples, FL 34110		
MGRM	Walter V. Spotte Living Trust		
	1381 Park Lake Dr. Naples, FL 34110		
MGRM	Mitchell L. Norgart		
	2919 Regatta Road Naples, FL 34110		
MGRM	Matthew T. Miller	<u>e</u>	
	9817 Alhambra Lane CC Bonita Springs, FL 34135		. 17
(Use attachment if necessary)	ASSEE, F	JUN -9 AMI	
NOTE: An additional article must be	added if an effective date is requested.	4M 11: 04	1
REQUIRED SIGNATURE	thorized representative of a member.	. (fin	. :
	108(3), Florida Statutes, the execution firmation under the penalties of perjury e.)		

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)

Typed or printed name of signee