## L040000 49667

(Re	equestor's Name)	
(Ad	Idress)	
(Ad	idress)	
(Cit	y/State/Zip/Phone #	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	<del>)</del>
(Do	cument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	
		1/31
	Office Use Only	COUL,



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## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: WESTCOAST PROPERTIES LLC (Name of Limited Liability Company)	÷ .
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Joseph W. Calabretta (Name of Person)	
(Firm/Company)	
4571 Stephen Circle NW	· Besco
(Address)	24 Ju
Canton. OH 44718 (City/State and Zip Code)	HASSEE.
For further information concerning this matter, please call:	FLORN FLORN
locanh W Calabratta/ 330 . 400-8387	<b>一</b> 。 *

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

(Name of Person)

MAILING ADDRESS:

(Area Code & Daytime Telephone Number)

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:	
WESTCOAST PROPERTIES LLC	<u> </u>
ARTICLE II - Address: The mailing address and street address of the principal	office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4 <u>571 Stephen Circle NW, Canton, O</u> H 44718	4571 Stephen Circle NW, Canton, OH 4471
**************************************	
ARTICLE III - Registered Agent, Registered Office The name and the Florida street address of the registered	
Joseph W. Calab	retta ====
Name	SEC 04
20944 Island S	ound Cir #104
Florida street address (P.O. Box N	SE - F
EsteroFL	.ORIDA 33928

Having been named as registered agent and to accept service of process for the above stated limited Hability 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)

<u>Title:</u> "MGR" = Manager	Name and Address:	-		*
"MGRM" = Managing Member	•			
_MGRM	Joseph W. Calabretta		_	
	2643 Narrows Way,	·		÷ ÷
	Akron, OH 33928	<u> </u>		
MGRM	Wayne Kroll			
	2854 Narrows Way			
	Akron, OH 33928			ا د د
MGRM	Charles Bendetta			
PQ(V)	423 Heather Circle NE	٠ ٠		:: -
	North Canton, OH 44720	·		
MGRM	Jon Scheetz			
HORT	7384 Braucher Place NW	<del></del>		
	North Canton, OH 44721			
(Use attachment if necessary)				
		_		
		ASS:	2	
NOTE: An additional article mus	st be added if an effective date is requested.	A	JUL 40	-
_		ASA		E G General
REQUIRED SIGNATURE:		RY U	 PH	
7000		77	<u> </u>	7
Signature of a member or	an authorized representative of a member.	20.3	<u> </u>	
(In accordance with section	n 608.408(3), Florida Statutes, the execution	<u> </u>	<u></u>	
of this document constitute that the facts stated herein	s an affirmation under the penaltics of perjury	عتسف		

## 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)

JOSEPH W. CALABRETTA

Typed or printed name of signce