Florida Department of State

Division of Corporations Public Access System

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From:

Account Name

: WILKINS, FROHLICH, JONES, RUSSELL, HANAOKA \$ MIZELL,

Account Number : I20040000082

Phone Fax Number : (941)429-1871 : (941)429-8961

JIVIS!ON OF CORPORATION

LIMITED LIABILITY COMPANY

West Coast Plaza of Charlotte County, L.L.C.

Certificate of Status	0
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ARTICLES OF ORGANIZATION OF WEST COAST PLAZA OF CHARLOTTE COUNTY, L.L.C., A LIMITED LIABILITY COMPANY

The undersigned, being authorized to execute and file these Articles of Organization, hereby certifies that:

ARTICLE I - Name:

The name of the limited liability company (hereinafter referred to as the "Company") is "West Coast Plaza of Charlotte County, L.L.C."

ARTICLE II - Address:

The mailing address and street address of the principal office of the Company is: 1777 Tamiami Trail, Suite 101, Port Charlotte, Florida 33948.

ARTICLE III - Registered Agent:

The name and the Florida street address of the initial registered agent are: Kevin E. Graham, 1777 Tamiami Trail, Suite 101, Port Charlotte, Florida 33948.

ARTICLE IV - Management:

The Company is to be managed by one manager or more managers and therefore is a manager-managed company. The manager shall be Kevin E. Graham and his address is 1777 Tamiami Trail, Suite 101, Port Charlotte, Florida 33948.

ARTICLE V - Limitation on Agency Authority of Members:

Pursuant to Section 608.4235 of the Florida Limited Company Act, no member of the Company shall be an agent of the Company solely by virtue of being a member.

this _	IN WITNESS WHEREOF, I have signed these Arth	cles of Organization and acknowledged them to be my act	
		ALLI ALLI	
		Haha 2 2	
		Kevin F. Graham	
		Kevin E. Graham E. 5	
		Typed or printed name of signee	

In accordance with Section 608.408(3), Florida Statutes, the execution of this document constitutes an alfirmation under the penalties of perjury that the facts stated herein are true.

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STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT OF WEST COAST PLAZA OF CHARLOTTE COUNTY, L.LC.

I hereby accept the designation as registered agent to accept service of process for the above-stated limited liability company at the place designated in this statement. My street address is 1777 Tamiami Trail, Suite 101, Port Charlotte, Florida 33948. 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 under Chapter 608, Florida Statutes.

Signature

Typed or Printed Name

In accordance with Section 608.408(3), Florida Statutes, the execution of this statement constitutes an affirmation under the penalties of perjury that the facts stated herein are true.