

Jan 21 05 10:22
Division of Corporations

Lydia St

85-42-64-6

Page

L05000007045
FILED

Florida Department of State
Division of Corporations
Public Access System

2005 JAN 21 A 10:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H05000017134 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : Florida Research & Filing Services, Inc.
Account Number : I20030000083
Phone : (850) 656-6446
Fax Number : (850) 942-6446

RECEIVED
DIVISION OF CORPORATIONS
JAN 21 PM 12:16

LIMITED LIABILITY COMPANY

Wesy Bay Partners, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

AL

Electronic Filing Menu

Corporate Filing

Public Access Help

Jan 21 05 10:20a

Lydia Lott

850-942-6446

P.2

H05000017134 **FILED**

2005 JAN 21 A 10

SECRETARY OF STA
TALLAHASSEE, FLOR

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: West Bay Partners, 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:

Laura G. Hester, Esq.
(Name of Person)

Foltz Martin, LLC
(Firm/Company)

3525 Piedmont Road, Suite 750
(Address)

Atlanta, GA 30305
(City/State and Zip Code)

For further information concerning this matter, please call:

Taube Ponce at (404) 231-9397
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|---|---|---|

STREET ADDRESS:
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

H05000017134

Jan 21 05 10:20a

Lydia Lott

850-942-6446

p.3

H05000017134

FILED

2005 JAN 21 A 10:46

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

West Bay 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:

c/o ADEVCO Corporation
3867 Holcomb Bridge Rd., #800
Norcross, GA 30092

c/o ADEVCO Corporation
3867 Holcomb Bridge Rd., #800
Norcross, GA 30092

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

NRAI Services, Inc.

Name

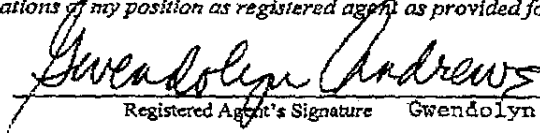
526 E. Park Avenue

Florida street address (P.O. Box NOT acceptable)

Tallahassee FL 32301

City, State, and Zip

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, F.S.



Registered Agent's Signature

Gwendolyn Andrews, Spl. Asst. Secretary

(CONTINUED)

Page 1 of 2

H05000017134

H05000017134
FILED

2005 JAN 21 A 10:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Name and Address:

MGRM

David Kraxberger
510 Stonemoor Circle
Roswell, GA 30075

MGRM

William R. Neal
9435 Nesbit Lakes Drive
Alpharetta, GA 30022

(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 authorized representative of a member.

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

Laura G. Hester, Esq.

Typed or printed name of signer

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

H05000017134