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(Requesto	or's Name)	
(Address)		
	Address)	<u>.</u>	##
(City/State	e/Zip/Phone	#)
PICK-UP		WAIT	MAIL
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TRANSMITTAL LETTER

TO: Registration S Division of Co				·		
SUBJECT: Westpoi	nts Investment Partners IV, I	LLC ed Liability Comp	eany)			
	•	• •	• /			
The enclosed Articles	of Organization and fee(s) are s	ubmitted for filin	ıg.	·		
Please return all corres	pondence concerning this matter	er to the following	g:			
Ronald	Bailey, Jr. CPA, Managing N	/lember				
	(1	Name of Person)				
Mostnoints Investm	ent Partners IV, LLC					
westpoints investing		Firm/Company)				
1004 Collie	r Center Way, #100					
		(Address)		****	_	
Napl	es, FL 34110					
	(City	/State and Zip Cod	e)			
For further information	concerning this matter, please	call:				
Ronald Bailey, Jr. CF	PA	at (239	, 597-8866		وسم ، ا	
	e of Person)		le & Daytime To	elephone Numb	岩层	7
				<u>ל</u>	瑶 品	مسيبي معلوسان
Enclosed is a check f	or the following amount:				SSR -	
Ø \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 F Certified Cop (additional copy	у	☐ \$160.00 Certificate Certified ((additional co	of Status &	
					2.	

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Liability Company is: Westpoints Investment Partners IV, LLC				
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, #100	1004 Collier Center Way, #100			
Naples, FL 34110	Naples, FL 34110			
ARTICLE III - Registered Agent, Regis	tered Office, & Registered Agent's Signature:			
The name and the Florida street address of	the registered agent are:			
Ronald Bailey, Jr. CPA M	lanaging Member			
1	Name			
1004 Collier Center Way	#100			
	, #100			
Florida stre	pet address (P.O. Box <u>NOT</u> acceptable)			
Nonlog El 24140	eet address (P.O. Box NOT acceptable)			
Nonlog El 24140	· · · · · · · · · · · · · · · · · · ·			
Naples, FL 34110 City, S Having been named as registered agent ar liability company at the place designate	set address (P.O. Box NOT acceptable) FL State, and Zip ad to accept service of process for the above stated limited d in this certificate, I hereby accept the appointment as			
Naples, FL 34110 City, S Having been named as registered agent an liability company at the place designate registered agent and agree to act in this cap statutes relating to the proper and complete.	State, and Zip and to accept service of process for the above stated limited.			

(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:			
MGRM	Ronald Bailey, Jr.			
	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 34103			
ME. Telling	Matthew Miller 9817 Alhambra Lane			
	Bonita Springs, FL 34135			
(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 of			

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

that the facts stated herein are true.)

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)