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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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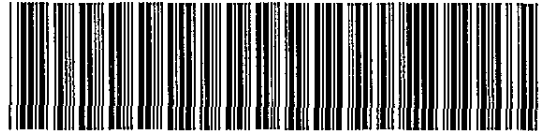
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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03/18/05--01027--015 \*\*160.00

EFFECTIVE DATE

04/01/05

FILED  
2005 MAR 18 PM 1:58  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

J. BRYAN MAR 21 2005

60919042

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** WESTLAKE VENTURES 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:

Roland Schwend, E.A.  
(Name of Person)

Smart Tax Accounting  
(Firm/Company)

1876 N. University Drive, Suite 101-S  
(Address)

Plantation, FL, 33019  
(City/State and Zip Code)

For further information concerning this matter, please call:

Daniel Camhi at ( 954 ) 922-3772  
(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 &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

WESTLAKE VENTURES LLC

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

1105 Satinleaf Street  
Hollywood, Florida, 33019

**Mailing Address:**

1105 Satinleaf Street  
Hollywood, Florida, 33019

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

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

Roland Schwend, E.A.

Name

1876 N. University Drive, Suite 101-S

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

Plantation, FL, 33322

City, State, and Zip

**EFFECTIVE DATE**  
04/21/05

*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..*

R. Schwend

Registered Agent's Signature

(CONTINUED)

**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

Daniel Camhi

1105 Satinleaf Street

Hollywood, FL, 33019

MGRM

Stephanie Selechnik

1105 Satinleaf Street

Hollywood, FL, 33019

MGRM

Eduardo Tawil

1145 Papaya Street

Hollywood, FL, 33019

MGRM

Susan Farkas

1145 Papaya Street


Hollywood, FL, 33019

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TALLAHASSEE, FLORIDA

(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.)

Daniel Camhi

\_\_\_\_\_  
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)

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**ARTICLE V – Effective Date:**

The effective day to start operations will be April 1<sup>st</sup>, 2005.

**ARTICLE VI – Distributions of Profits, Losses and Capital:**

Each member's share of profits, loss and capital will be distributed in equal parts.

**ARTICLE VII – Resignation of Member, Managing Member or Manager**

If a member, managing member or manager decides to resign from the LLC within the first three years of its existence, he or she will only be allowed to sell his or her share to another member(s) at initial cost.