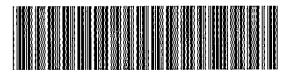
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SECRETARY OF STATE
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DIVISION OF THE CHAILON

COVER LETTER

TO: Registration So Division of Co		
SUBJECT:	THE WESTSA	+4 GROUP LLC
	(Name of Limited	Liability Company)
The enclosed Articles o	f Organization and fee(s) are st	abmitted for filing.
Please return all corresp	ondence concerning this matte	r to the following:
	50HN 5	PELHAM Name of Person)
	a	Name of Person)
P	RO BUILT HOM	ES LLC
	(Firm/Company)
210.	4 DELTA WA	(Address)
		(Address)
7	ALLA HA SSEE	FC 323 a3 (State and Zip Code)
	(City	State and Zip Code)
For further information	concerning this matter, please	call:
GEORGE A	CAGHEB	at (850 , 528 5667
(Name	e of Person)	at (
/	or the following amount:	
/		S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy Certificate of Status & Cadditional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

		5 1 5			
	THE	WESTBAY	GROUP	LLC	
(Must end wit	th the words "Lim	ited Liability Company, "L	imited Company" or the	heir abbreviation "LLC," or "L.C.,")	1.72
	E II - Addres ig address and		e principal office	of the Limited Liability Com	pany is:

ARTICLE I - Name:

Principal Office Address:

2104

DECTA WAY

The name of the Limited Liability Company is:

SUITE # 9			· ·				
TALLAH 455 F	E, FL 3	2303					*•
ARTICLE III - R (The Limited Liability Consumers entity with an analytic results) The name and the limited states are also states as a second state as a second states are also states as a second state are also states as a second state are also states are also states as a second state are also states are also states as a second state are also states are also	ompany cannot serv active Florida regist	re as its own Registe tration.)	ered Agent. Y	ou must designate		Tor another SEC 98	There's
	DOHN	S PEL	_HAM			JAN 13 RETARY AHASSE	
		Name			-		
	2104	DELTA	WAT	STE +	49	PH L	I
		Florida street add	ress (P.O. Bo	ox <u>NOT</u> accepta	ible)		
	TALLAH	ASSEE	FL	32303		DA —	
		City State at	nd Zin	· · ·	- - ·	•	

Mailing Address:

-SAME

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 (REQUIRED)

(CONTINUED)
Page 1 of 2

	Name and Address:
'MGRM" = Managing Member	T I S DECLARA
MGRM	JOHN S PELHAM 2104 DELTA WAY STE #9 TALLAHASSEE, FL 32303
	TALLAHASSEE, FL 32303
40 / 0 40	1 - Oak MER
MGRM	GEORGE RAGHEB 2104 DECTA WAY STE # 9
	TALLAHASSEE , FC 32703
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	the state of the s
	- 2 ph - 75/2
Use attachment if necessary)	
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LE V: Effective date, if other than the defective date is listed, the date must be days after the date of filing.)	
LE V: Effective date, if other than the defective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE:	
LE V: Effective date, if other than the defective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: Signature of a member (In accordance with sections)	or an authorized representative of a member. ion 608.408(3), Florida Statutes, the execution utes an affirmation under the penalties of perjury rein are true.)
EV: Effective date, if other than the defective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: Signature of a member (In accordance with section of this document constitute that the facts stated here	or an authorized representative of a member. ion 608.408(3), Florida Statutes, the execution utes an affirmation under the penalties of perjury rein are true.) SPECHAN
EV: Effective date, if other than the defective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: Signature of a member (In accordance with section of this document constitute that the facts stated here	or an authorized representative of a member. ion 608.408(3), Florida Statutes, the execution utes an affirmation under the penalties of perjury rein are true.)