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SECRETARY OF STATE DIVISION OF COOPPOATIONS



COVER LETTER

то:	CO: Registration Section Division of Corporations					
SUBJE	СТ:	West berry (Name of Limited	Manor, LL Liability Company)	-C	-	
The end	closed Articles of	Organization and fee(s) are su	bmitted for filing.			
Please	return all correspo	ondence concerning this matte	r to the following:			
		Jeffrey o	W. Warren		_	
					عاد عالات	
(Firm/Company)					SECRETARY INC.	
Jacksonville, FL 32259 (City/State and Zip Code)						
		T 1.5	(Address)	- 0	Y OF STATEON	
JackSonville, FL 32259 (City/State and Zin Code)						
			• /	·	25 OKS	
For fur	ther information	concerning this matter, please	call:			
	Jeff (Name	Warren of Person)	at (904) 635 (Area Code & Daytime To	- 0557		
	(,	,	•	•		
Enclos	sed is a check fo	or the following amount:				
] \$12 5	5.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fe Certificate of Status & Certified Copy (additional copy is enclose	દ	
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addres Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company	y is:
West berry Ma (Must end with the words "Limited Liability Company, "I	Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	ne principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4308 Rye Court Jacksonville, FL 32259	4308 Rye Court Jacksonville, FL 32259
ARTICLE III - Registered Agent, Regist (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)	rered Office, & Registered Agent's Signatures Registered Agent. You must designate an individual or another Signatures Agent. You must designate an individual or another Signatures Signa
The name and the Florida street address of	the registered agent are:
	Narren Parren
•	vame 9 17
	Court et address (P.O. Box NOT acceptable)
Jacksonville	FL 32259
City, S	tate, 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 (REQUIRED)

(CONTINUED)
Page 1 of 2

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:		
Managing Member	Jeff Warren 4308 Rye Court Jacksonville, FL 32259		
		DIVISION O	
		ARY OF SIMILE	
(Use attachment if necessary) ARTICLE V: Effective date, if other than the o	date of filing: (OPTION	NAL)	
(If an effective date is listed, the date must be to or 90 days after the date of filing.) REQUIRED SIGNATURE:	specific and cannot be more than five business d	lays prio	r
Signature of a member	or an authorized representative of a member.		
of this document constite that the facts stated he	•		
Typ Filing Fees:	Warren ped or printed name of signee		

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

- \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)