

L07000029296

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

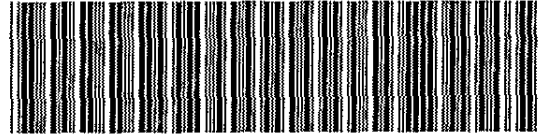
(Business Entity Name)

(Document Number)

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

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Office Use Only



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01/10/07--01015--024 \*\*160.00

FILED  
07 MAR 19 AM 11:21  
SECRETARY OF STATE  
TALLAHASSEE, FL 32399

W007-2221



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 16, 2007

ROBERT E. WEST  
10295 BLOOM LAKE DRIVE  
SEMINOLE, FL 33772

SUBJECT: ROBERT WEST CONSULTING LLC  
Ref. Number: W07000002221

We have received your document for ROBERT WEST CONSULTING LLC. However, the document has not been filed and is being returned for the following:

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on . Please amend your document accordingly.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6065.

MARIA L FENDER  
OFFICE CLERK

Letter Number: 807A00003274

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Robert West Consulting  
(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:

Robert E. West

(Name of Person)

Robert West Consulting

(Firm/Company)

10295 Blossom Lake Drive

(Address)

Seminole, FL 33772

(City/State and Zip Code)

For further information concerning this matter, please call:

Robert E. West

(Name of Person)

at ( 727 ) 542-1968

(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) |
|--|---|---|--|

**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

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Robert West Consulting LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

## ARTICLE II - Address:

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

### Principal Office Address:

10295 Blossom Lake Drive

Seminole, FL 33772

### Mailing Address:

10295 Blossom Lake Drive

Seminole, FL 33772

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Robert E. West

Name

10295 Blossom Lake Drive

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

Seminole

FL 33772

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.*

Robert E. West

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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STATE OF FLORIDA  
SEMINOLE COUNTY

**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:**

MGR

Robert E. West

10295 Blossom Lake Drive

Seminole, FL 33772

(Use attachment if necessary)

R. E. West 3/12/07

**ARTICLE V:** Effective date, if other than the date of filing: ~~4/1/07~~, (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

Robert E. West

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.)

Robert E. West

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)