

L080000008912

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

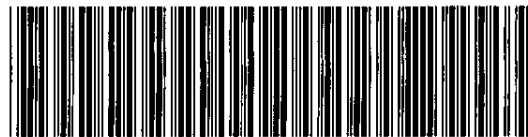
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100115993121

01/25/08--01010--016 **125.00

B. KOHR

JAN 25 2008

EXAMINER

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2008 JAN 25 AM 10:56
NOT RETURNED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

FILED
08 JAN 25 PM 2:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

West Park Offices/
Warehouses, LLC

FILED
08 JAN 25 PM 2:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- ☐ Art of Inc. File _____
- ☐ LTD Partnership File _____
- ☐ Foreign Corp. File _____
- ☒ L.C. File _____
- ☐ Fictitious Name File _____
- ☐ Trade/Service Mark _____
- ☐ Merger File _____
- ☐ Art. of Amend. File _____
- ☐ RA Resignation _____
- ☐ Dissolution / Withdrawal _____
- ☐ Annual Report / Reinstatement _____
- ☐ Cert. Copy _____
- ☒ Photo Copy _____
- ☐ Certificate of Good Standing _____
- ☐ Certificate of Status _____
- ☐ Certificate of Fictitious Name _____
- ☐ Corp Record Search _____
- ☐ Officer Search _____
- ☐ Fictitious Search _____
- ☐ Fictitious Owner Search _____
- ☐ Vehicle Search _____
- ☐ Driving Record _____
- ☐ UCC 1 or 3 File _____
- ☐ UCC 11 Search _____
- ☐ UCC 11 Retrieval _____

Signature _____

Requested by: _____

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

Courier _____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

WEST PARK OFFICES/ WAREHOUSES, LLC.

ARTICLE II - Address:

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

**PO BOX 875 CHIEFLAND, FL 32644
1115 NW 115TH ST. CHIEFLAND, FL 32626**

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

REGISTERED AGENT : PHILLIP K. BECK, ESQ.

MAILING ADDRESS: PO BOX 875 CHIEFLAND, FL 32644

PHYSICAL: 1115 NW 115TH ST. CHIEFLAND, FL 32626

Registered Agent Signature: 

The Name and the Florida Street address of the registered agent are:

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.

Article IV - Management (Check box if applicable.)

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

MGRM: Phillip K. Beck, Jr. 6350 NW 52nd Court Chiefland, Fl. 32626

MGRM: Jimmy Clayton Payne 9491 NW 115th Ave. Chiefland, Fl. 32626

Signature of a member or an authorized representative of a member.

PHILLIP K. BECK JR. 

(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.)

FILED
JAN 25 PM 2:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA