

L080000052065

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

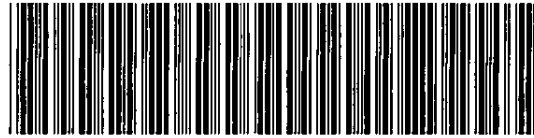
Special Instructions to Filing Officer:

A. LUNT

MAY 27 2008

EXAMINER

Office Use Only



200130076852

05/23/08--01039--014 **130.00

FILED
2008 MAY 23 P 3:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

West Coast Fiberglass, 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:

Christopher Hunter
(Name of Person)

(Firm/Company)

1830 Faust Dr.
(Address)

Englewood, FL 34224
(City/State and Zip Code)

For further information concerning this matter, please call:

Christopher Hunter at 561 236-2331
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$160.00 Filing Fee,
Certificate of Status &
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

2009 MAY 23 P 3:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ARTICLES OF ORGANIZATION
West Coast Fiberglass, LLC
A LIMITED LIABILITY COMPANY
(Pursuant to Chapter 608, Florida Statutes)

1. NAME: The name of the limited liability company is West Coast Fiberglass, LLC.

PURPOSE: The purpose of this member managed limited liability company may include the transaction of any and all lawful business for which limited liability companies may be organized in the state of Florida.

2. ADDRESS OF PRINCIPAL OFFICE: The street address of the principal office of the limited liability company is:

1830 Faust Dr., Englewood, FL 34224

3. MAILING ADDRESS: The mailing address of the limited liability company is:

1830 Faust Dr., Englewood, FL 34224

4. MANAGEMENT: The limited liability company is to be managed by one or more members and is, therefore, a member-managed company.

5. REGISTERED AGENT, REGISTERED OFFICE AND REGISTERED AGENT'S SIGNATURE: The name and the Florida street address of the registered agent is:

Christopher Hunter
1830 Faust Dr.
Englewood, FL 34224

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.



Christopher Hunter

6. EFFECTIVE DATE: The effective date of the limited liability company shall be the date of filing unless otherwise stated below:

05/15/07



Christopher Hunter Member

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true and correct.)