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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
TORUK WAIT MAIL				
(Business Entity Name)				
(Cocument Number)				
Certificates of Status				
Special Instructions to Filing Officer.				

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MAY 14 2009

EXAMINER

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09 MAY 14 PM 3: 25

SECRETARY OF STATE
ALLAHASSEE, FI ORIDA

CORPDIRECT AGE 515 EAST PARK AV TALLAHASSEE, FL	ENUE	:	
222-1173 FILING COVER ACCT. #FCA-14	SHEET		
CONTACT:	TRICIA TA	<u>DLOCK</u>	OSMAY 14 PM 3: 25 SECRETARY OF STATE FALLEHASSEE, FLORID
DATE:	05/14/09		FILED PARSSEE
REF.#:	0638.104298		E ST.
CORP. NAME:	<u>WESTERN</u>	LAKE INVESTMENTS, LLC	ATE A
() ARTICLES OF INC	ORPORATION	() ARTICLES OF AMENDMENT	() ARTICLES OF DISSOLUTION
() ANNUAL REPORT		() TRADEMARK/SERVICE MARK	() FICTITIOUS NAME
() FOREIGN QUALIF	ICATION	() LIMITED PARTNERSHIP	(XX) LIMITED LIABILITY
() REINSTATEMENT		() MERGER	() WITHDRAWAL
() CERTIFICATE OF	CANCELLATION		
STATE FEES P	REPAID W	TH CHECK# 530277	FOR \$ <u>130.00.</u>
AUTHORIZAT	ION FOR A	CCOUNT IF TO BE DEBITE	D:
		COST LI	MIT: \$
PLEASE RETU	RN:		
() CERTIFIED COP	Y () C	ERTIFICATE OF GOOD STANDING	(XX) PLAIN STAMPED COPY
(XX) CERTIFICAT	E OF STATUS		

Examiner's Initials

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:						
Western Lake Investments, LLC (Must end with the words "Limited Liability Company." "LL.C." or "LLC.")						
1141)	ist end with the words. Emilied Fillon	my Company, L.E.C., or LEC.	而 · 注			
ARTICLE II - Ad			, F. S.			
The mailing addres	ss and street address of the pr	incipal office of the Limit	ed Liability Company is: 'U'	١		
Principal Office A	ddress:	Mailing Address:	Dr.			
675 Hartman Roa	ad SW	675 Hartman Road St	W			
Suite 100		Suite 100	<u></u>			
Austell, GA 3016	8	Austell, GA 30168				
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:						
National Corporate Research, Ltd., Inc.						
	Namo					
515 East Park Avenue						
Florida street address (P.O. Box NOT acceptable)						
	Tallahassee	FL 32301				
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..

National Corporate Research, Ltd., Inc.

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:		
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:		
MGRM	David S. Oyler 675 Hartman Road SW, Suite 100 Austell, GA 30168		
MGRM	Ansley M. Oyler 675 Hartman Road SW, Suite 100 Austell, GA 30168		
(Use attachment if necessary) ARTICLE V: Effective date, if other than the dat (If an effective date is listed, the date must be sp to or 90 days after the date of filing.)	te of filing:		
REQUIRED SIGNATURE:			
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.)			
	R. Robinson, Esquire or printed name of signee		
\$125.00 Filing Fee for Articles of Organiza of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	ition and Designation		