# 10900078430

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(business Entity Name)				
(Document Number)				
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Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
L. SELLERS				
AUG 14 2009				
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**EXAMINER** 



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BECRETARY OF STATE

## COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJECT: Eich Group West Coast Residential, LLC					
Name of Limited Liability Company					
The end	closed Articles of Organization and fee(s) are submitted for filling.				
Please	return all correspondence concerning this matter to the following:				
	John M. Haschak				
	Name of Person				
	Leventry, Haschak, and Rodkey, LLC				
	Firm/Company				
	1397 Eisenhower Boulevard				
	Address				
_	Johnstown, PA 15904				
	City/State and Zip Code				
_	jhaschak@lhrklaw.com E-mail address: (to be used for future annual report notification)				
For furt	ther information concerning this matter, please call:				
	The second secon				
	John M. Haschak         at (         814 )         266-1799           Name of Person         Area Code & Daytime Telephone Number				
	Area Code & Daytine Telephone Number				
Enclos	ed is a check for the following amount:				
]\$125.0	O0 Filing Fee \$\sum \$\sum \text{\$\sum \text{\$\sin \text{\$\sum \text{\$\sin \text{\$\sum \text{\$\sum \text{\$\sin \sin \text{\$\sin \text{\$\sin \text{\$\sin \text{\$\sin \text{\$\sin \sin \text{\$\sin				
	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:			
Eich Group West Coast (Must end with the words "Limited Liability	Residential, LLC ty Company," "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
1397 Eisenhower Boutevard Johnstown, PA 15904	1397 Eisenhower Boulevard Johnstown, PA 15904		
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's Signature: ared Agent. You must designate an individual or another		
The name and the Florida street address of the re	gistered agent are:		
NRAI Services, Inc.			
2731 Executive Parl Florida street address (P.O. I Weston, FL 33331 City, State, an	Box NOT acceptable)  FL		
liability company at the place designated in the registered agent and agree to act in this capacity. statutes relating to the proper and complete per accept the obligations of my position as registing NRAI Services, Inc.			
Lindsey Kiemencic, Assi	stant Secretary		

(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>		Name and Address:		
"MGR" = Manager				
"MGRM" = Manag	ging Member			
MGRM	_	John M. Haschak		
	_	1397 Eisenhower Blvd	_	
		Johnstown, PA 15904	- -	
MGRM		Todd E. Eichelberger		
	-	123 East Pitt Street	-	
		Bedford, PA 15522	<del>-</del>	
	-		<del>-</del>	
			_	
	-		<del>-</del> -	
(Use attachment if	necessary)		-	
·	• ,	/,		
ARTICLE V: Effective da				
to or 90 days after the date		pecific and cannot be more than five business	days prior	
·	<b>3</b> /			
REQUIRED SIGN	NATURE:			
		/// //m//		
	ignature of a member or	an authorized representative of a member.		
	In accordance with section of this document constitute hat the facts stated herein	n 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury are true.)		
	John M. Haschak			
Diller - D	Typed or printed name of signee			
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)

FILED

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SECRETARY OF STATE