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**EXAMINER** 



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SECRETARY OF STATE OIVISION OF CORPORATIONS

# **COVER LETTER**

TO:	Registration S Division of Co		1	
SUBJI	ECT:	Westle	ey's Wood Art L.L.C.	
		Name of Limi	ted Liability Company	
The en	closed Articles o	of Organization and fee(s) are	submitted for filing.	
Please	return all corresp	oondence concerning this mat	tter to the following:	
		Jani	ce Evelyn Benton	
			Name of Felson	
		Westle	ey's Wood Art L.L.C. Firm/Company	
			rmu/Company	
	28314 Peterson Camp Road			
			Address	
			sville Fiorida 34601 ty/State and Zip Code	
			nton@atlantic.net	
•		E-mail address: (to be used	for future annual report notification)	
For fur	ther information	concerning this matter, pleas	se call:	
		Evelyn Benton	at ( 352 ) 540-9934 Area Code & Daytime Telephone Number	
	Name	of Person	Area Code & Daytime Telephone Number	
Enclos	sed is a check fo	or the following amount:		
<b>]\$</b> 125.	.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) 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	

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited I	Liability Company is	:			
(Must end wi	Westley's Wood	J Art L.L.C. ility Company," "L.L.C.," or "LL	C.")		
ARTICLE II - Address: The mailing address and s	treet address of the p	principal office of the Lim	ited Liability Cor	mpan	y is:
Principal Office Address	<u>E</u>	Mailing Address:			
28314 Peterson Camp Brooksville Florida 3460		28314 Peterson Car Brooksville Florida 3	•		
ARTICLE III - Registere (The Limited Liability Company of business entity with an active Flo	annot serve as its own Regis	d Office, & Registered A	Agent's Signatur an individual or anothe	<b>e:</b> er	
The name and the Florida	street address of the	registered agent are:		09	SE
	Janice Evel	vn Benton		AUG	>₩
	Name	<del></del>		328	PAR P
	28314 Petersor	n Camp Road			35,75
F	lorida street address (P.O	D. Box NOT acceptable)		ထဲ	
Brook	ksville Florida 3460	11 <sub>E1</sub>	•		20
	City, State,	<u> </u>	1	~	NO.
					•

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..

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:
MGR	Janice Evelyn Benton
MGRM	John Westley Benton
(Use attachment if necessary)	`
ICLE V: Effective date, if other than the effective date is listed, the date must 90 days after the date of filing.)  REQUIRED SIGNATURE:	ne date of filing: (OPTIONAL be specific and cannot be more than five business days
Signature of a mem	ber or an authorized representative of a member.
(In accordance with s of this document cor that the facts stated h	section 608.408(3), Florida Statutes, the execution estitutes an affirmation under the penalties of perjury energy are true.)
	Janice Evelyn Benton
Filing Fees:	Typed or printed name of signee

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)