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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

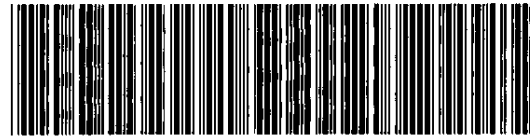
Special Instructions to Filing Officer:

L. SELLERS

JUN 10 2010

EXAMINER

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06/08/10--01018--001 **155.00

FILED
10 JUN - 8 PM 12:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JOHN C. TRENTELMAN
ATTORNEY AT LAW

207 NORTH MAGNOLIA AVENUE
P.O. BOX 5863
OCALA, FLORIDA
34475

TELEPHONE 352-732-6977
FAX 352-732-6981

REAL ESTATE
PROBATE
GENERAL PRACTICE

June 7, 2010

Corporate Records Bureau
Division of Corporations
Department of State
Post Office Box 6327
Tallahassee Florida 32314

Re: 27 WEST FINANCIAL GROUP, LLC.

Gentlemen:

Enclosed please find original and one copy of Articles of Organization of the captioned limited liability corporation which I ask that you approve and file.

Also enclosed is a check to your order in the sum of \$155.00 representing statutory filing fee, costs of certifying one copy of the Articles, the filing tax, and certificate of resident agent.

Would you kindly certify the enclosed copy and return it to me.

Very truly yours,



John C. Trentelman

JCT/vmc
enclosure

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: 27 WEST FINANCIAL GROUP, 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:

John C. Trentelman

Name of Person

John C. Trentelman, attorney at law

Firm/Company

207 N. Magnolia Ave.

Address

Ocala, FL 34475

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John C. Trentelman

Name of Person

at (352) 732-6977

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

27 WEST FINANCIAL GROUP, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

14110 SE 85th Ave.

Summerfield, FL 34491

Mailing Address:

14110 SE 85th Ave.

Summerfield, FL 34491

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:

Kay Lubeck Norris

Name

14110 SE 85th Ave.

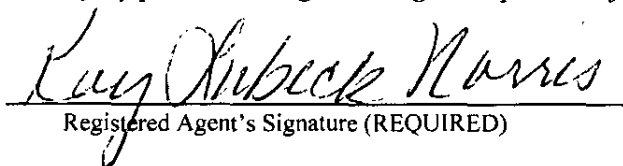
Florida street address (P.O. Box **NOT** acceptable)

Summerfield

FL 34491

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..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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TALLAHASSEE, FLORIDA

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Kay Lubeck Norris

14110 SE 85th Ave.

Summerfield, FL 34491

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date 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.)

Kay Lubeck Norris

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)