## 10000127462

(Re	equestor's Name)	-
(Ad	ldress)	
(Ad	ldress)	
(C)	h./Ctata/Zin/Dhan	a 40
(CII	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
•	·	•
(Document Number)		
Certified Copies	_ Certificate:	s of Status

Special Instructions to Filing Officer:

L. SELLERS

DEC 1.3 2010

**EXAMINER** 

Office Use Only



600188438096

12/10/10--01011--006 \*\*130.00

SECREMAY OF STATE

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Western Gate Fundraising, UC  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:		
Jevery Moore Name of Person		
Western Gate Fundraising, LLC		
7465 North Palafox Street		
Pensacola, FL, 325 City/State and Zip Code		
City/State and Zip Code  Moorel 57 Day Mail. Com  E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Jeremy Moove at (850) 572-8883 Name of Person Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certified Copy (additional copy is enclosed)} \ \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}		
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301		

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:			
Western Gate Fundraising, 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:	Mailing Address:		
7465 North Pala Fox Strat	Po Rox 4780		
7465 North Palafox Street Peusacola, FL 32505	Pensacola, Fl 32507		
The name and the Florida street address of the registered agent are:  Tevery Moore  Name  TYLS Worth Palafox Street  Florida street address (P.O. Box NOT acceptable)  Pensacola, FL 32505  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 Signatur (CONTINU 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: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM MGRM M GRM (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 of 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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.) eremy Moore

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)

Typed or printed name of signee