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Page 1 of 1

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H110001380503)))



H110001380503ABCT

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To:

Division of Corporations

Fax Number : (850)617-6383

EFFECTIVE DATE 05-23-11

From:

Account Name : BLANCO ACCOUNTING I, INC.

Account Number : 120100000060

Phone : (305)828-1148 Fax Number : (305)828-1709

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

FLORIDA LIMITED LIABILITY CO. WESTEAM L.L.C.

Certificate of Status	0	
Certified Copy	0	
Page Count	01	
Estimated Charge	\$125	.00

Electronic Filing Menu

Corporate Filing Menu

Help

B. BOSTICK

MAY 26 2011

EXAMINER 5/23/2011

https://efile.sunbiz.org/scripts/efilcovr.exe

₱00/T00[**2**]

D. PROFESSIONALAGE

2011 05/25 11:47 FAX 3058281709

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

WESTEAM L.L.C.

(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:

13369 NW 13TH STREET

FORT LAUDERDALE FL 33323

13369 NW 13TH STREET FORT LAUDERDALE FL 33323

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:

LUIS F RUEDA

Name

13369 NW 13TH STREET

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

FORT LAUDERDALE FL 33323

City, State, and Zip

SECRETALLY OF STATE ALLAHASSEE, FLORIDA

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: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member LUIS F RUEDA **13369 NW 13TH STREET** "MGR" **FORT LAUDERDALE FL 33323** 13369 NW 13TH STREET FORT LAUDERDALE FL 33323 **13369 NW 13TH STREET** FORT LAUDERDALE FL 33323 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: 05/23/2011 (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.

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.)

LUIS F RUEDA

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)

Page 2 of 2



May 25, 2011

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LUIS F. RUEDA 13369 NW 13TH STREET FT. LAUDERDALE, FL 33323

SUBJECT: WESTEAM L.L.C.

REF: W11000028685

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6028.

Barbara Bostick Regulatory Specialist II FAX Aud. #: H11000138050 Letter Number: 211A00012916

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11 MAY 25 PH 12: 45
SECRETARY OF STATE
ALL AHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314