41200004/429

(Requestor's Name)	
(Address)	6002
(Address)	0002
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	03/22/
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
A. LUNT	
MAR 2 6 2011	
EXAMINER	

Office Use Only



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COVER LETTER

TO: Registration S Division of Co			
SUBJECT: Servi	ngLynk System	s, LLC	
		ed Liability Company	
The enclosed Articles of	f Organization and fee(s) are s	submitted for filing.	
Please return all corresp	ondence concerning this matt	er to the following:	
Carl W.	Treleaven	N. CO	
144 11 1		Name of Person	
vvestiake	e Ventures, Inc.		
		Firm/Company	
15208 G	ulf Blvd #407		
		Address	
Madeira B	each, Florida 33		
		y/State and Zip Code	
ctreleaven	@westlakeventure:	S.Net or future annual report notification)	
For further information	concerning this matter, please	•	
Carl W. Treleav	/en	_at (727) 388-3511	
Name	of Person	Area Code & Daytime Telep	hone Number
Enclosed is a check for	or the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fec & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$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 Cl Tallahassee, FL 32301	ircle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company	is:	
ServingLynk Systems, LL	C	
(Must end with the words "Limited Li	iability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited	
Principal Office Address:	Mailing Address:	TAR 22
15208 Gulf Blvd #407 Madeira Beach, Florida 33708	15208 Gulf Blvd #407 Madeira Beach, Florida	33708
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.)		nt's Signature:
The name and the Florida street address of th	ne registered agent are:	
Carl W. Treleaven		
Na	me	

15208 Gulf Blvd #407

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

Madeira Beach

FL 33708

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..

Carl W. Treleaven
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:

MGRM	Westlake Ventures, Inc.	
	15208 Gulf Blvd #407	
	Madeira Beach, FL 33708	
		7-7
		3 5 5
		(0.5°)
		£2
	<u> </u>	
		
Use attachment if necessary)		
	e date of filing:	/OPEIONAT
Use attachment if necessary)		

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.)

Carl W. Treleaven

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)