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SECRETARY OF STATE

12 AUG 16 AM 9: 23

K.SALY EXAMINER AUG 17 2012

COVER LETTER

TO: Registration S Division of Co				
SUBJECT: Westo	hester Spartant	ourg, 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:				
Connie H	. Shivers, C.P.			
		Name of Person		
Penson L	aw Firm, P.A.			
		Firm/Company		
1435 East	t Piedmont Drive	, Suite 101		
Address				
Tallahassee	e, Florida 32308			
City/State and Zip Code				
chs@pendd.com				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Connie Shivers		_at (850) 561-8000		
Name o	f Person	Area Code & Daytime Telephone	: Number	
Enclosed is a check for	r the following amount:			
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy Ce (additional copy is enclosed) Ce	60.00 Filing Fee, rtificate of Status & rtified Copy ditional 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 WESTCHESTER SPARTANBURG, LLC A LIMITED LIABILITY COMPANY



(Pursuant to Chapter 608, Florida Statutes)

1. Name. The name of the limited liability company is:

WESTCHESTER SPARTANBURG, LLC

- 2. **Purpose.** The purpose of this limited liability company may include the transaction of any and all lawful business for which limited liability companies may be organized in the state of Florida.
- 3. <u>Address of Principal Office.</u> The street address of the principal office of the limited liability company is:

1435 East Piedmont Drive, Suite 101 Tallahassee, Florida 32308

4. **Mailing Address.** The mailing address of the limited liability company is:

1435 East Piedmont Drive, Suite 101 Tallahassee, Florida 32308

5. Manager at Time of Formation. The name of each manager at the time of formation:

Richard Yates, Jr.

Max Beverly P.O. Box 15887

P.O. Box 15887 Tallahassee, Florida 32317-5887

Tallahassee, Florida 32317-5887

- 6. **Period of Duration.** The period of duration shall be perpetual until it is dissolved or liquidated and its affairs wound up.
- 7. Management. Management of the Limited Liability Company at the time of formation is by Managers appointed by the Member(s). If more than one Manager is appointed, either Manager shall have authority to act on behalf of the Company.
- 8. <u>Registered Agent, Registered Office, and Registered Agents Signature.</u> The name and the Florida Street address of the registered agent are:

Albert C. Penson 1435 East Piedmont Drive, Suite 101 Tallahassee, Florida 32308 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 provisional 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.

Albert C. Penson

9. **Effective Date.** The effective date of the limited liability company shall be:

August <u>/3</u>, 2012

Richard Yates, Jr. Managing Member

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true and correct.)