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PICK-UP	Mait Wait	MAIL.
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Certified Copies	_ Certificate:	s of Status
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

D. BRUCE

OCT 16 2012

EXAMINER

COVER LETTER

Registration Section

TO:

	Division of Corporations						
	SUBJECT: Westfal Publishing & O	Gra	phics	s. Li	LC		
	Name of Limi						
,371		•	10	~1 ·			
	The enclosed Articles of Organization and fee(s) are						
	Please return all correspondence concerning this ma	itter to	the foll	owing	;		
	G. Gary Westfal						
		Nar	ne of Per	son			
						<u>-</u>	
		Fin	m/Compa	ny			
	5 Calhoun Ave, Unit 501			·			
			Address				SECRETARY DE
	Destin, FL 32541						_
		ity/Sta	ite and Zi	p Code	;	SEC:	
	GGATC17@cox.net E-mail address: (to be used	for fu	iture annu	al reno	ort notification)	- 1 10	
	For further information concerning this matter, pleas			,	. ,	SSEE SSEE	
	C. Con/Montfol		050		F00 4400	FLO FS	1 9
	G. Gary Westfal Name of Person	at	. 850 Are	a Code	582-4469 Daytime Telephone Number	JF STATE	9: 23
					•	* **	
	Enclosed is a check for the following amount:		_				
	\$125.00 Filing Fee & Certificate of Status		Certifie	d Cop	g Fee & \$160.00 Filing y is enclosed) Certificate of Certified Cop (additional copy	Status o	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	. ` ,	Reg Div Cli 266	gistrati vision fton B 51 Exe	ourier Address on Section of Corporations uilding cutive Center Circle see, FL 32301		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Compa	ny is:	
Westfal Publishing & Graphic	cs, LLC	
	d Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of	the principal office of the Limited Lia	bility Company is:
Principal Office Address:	Mailing Address:	
5 Calhoun Ave		
Unit 501		
Destin, FL 32541		
business entity with an active Florida registration.) The name and the Florida street address o G. Gary Westfal	f the registered agent are:	12 (SEC
	Name	12 OCT SECRET
5 Calhoun Av	e, Unit 501	FILED FILED 2 OCT 15 AM 9: 2 ECRETARY OF STATELLAHASSEE, FLORU
Florida str	reet address (P.O. Box NOT acceptable)	
Destin	_{FL} 32541	7.53 7.83 7.83 7.83 7.83 7.83 7.83 7.83 7.8
	City, State, and Zip	23 Roja Roja
Having been named as registered agent a liability company at the place designate registered agent and agree to act in this co statutes relating to the proper and compa accept the obligations of my position a	ed in this certificate, I hereby accept the apacity. I further agree to comply with t lete performance of my duties, and I am	e appointment as the provisions of all familiar with and

(CONTINUED)

Registered Agent's Signature (REQUIRED)

EFFECTIVE DATE 01/01/13

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:

"MGR" = Manager "MGRM" = Managing Member	
MGR	G. Gary Westfal
	5 Calhoun Ave, Unit 501
	Destin, FL 32541
	and the second s
(Use attachment if necessary)	
•	on the date of filing: 1/1/2013 .(OPTIONAL)
CLE V: Effective date, if other that feetive date is listed, the date m	on the date of filing: 1/1/2013 (OPTIONAL) ust be specific and cannot be more than five business days
CLE V: Effective date, if other tha	
CLE V: Effective date, if other that feetive date is listed, the date m	
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CLE V: Effective date, if other that ffective date is listed, the date medians after the date of filing.)	
CLE V: Effective date, if other that effective date is listed, the date mid days after the date of filing.) REQUIRED SIGNATURE:	
CLE V: Effective date, if other that ffective date is listed, the date med days after the date of filing.) REQUIRED SIGNATURE: Signature of a median (In accordance with section constitutes an affirmation)	nember of an authorized representative of a member. on 608.408(3), Florida Statutes, the execution of this document a under the penalties of perjury that the facts stated herein are true.
CLE V: Effective date, if other that ffective date is listed, the date med days after the date of filing.) REQUIRED SIGNATURE: Signature of a medical constitutes an affirmation I am aware that any false	nember of an authorized representative of a member. on 608.408(3), Florida Statutes, the execution of this document, and the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)
CLE V: Effective date, if other that effective date is listed, the date med days after the date of filing.) REQUIRED SIGNATURE: Signature of a medical constitutes an affirmation I am aware that any false	nember of an authorized representative of a member. on 608.408(3), Florida Statutes, the execution of this document information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)

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)