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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Westgate Marketplace, 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:		
LANA Y LTU Name of Person		
Westgate Marketplace, LC		
9941 LAKE GEORGIA DR.		
ORLANDO, FL 32817		
ORLANDO, FL 32817 City/State and Zip Code Com E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Lana Y. Liu at 407, 342-5628		
Name of Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount:		
□\$125.00 Filing Fee Certificate of Status □\$155.00 Filing Fee \$ Certified Copy (additional copy is enclosed) □\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)		
Mailing Address Street/Courier Address		

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 FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is	::
(Must end with the words "Limited Liah	Market Place LLC pility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the particle.	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
9941 LK Georgia Dr. ORLANDD, FL 32817	9941 LK Georgia Dr. ORLANDO, FL 32817
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.)	stered Agent. You must designate an individual or another
The name and the Florida street address of the	
Lana	Y Liu
9941 LK G	eorgia Dr. ddress (P.O. Box NOT acceptable)
DRLANDO City, S	FL 32-8/7 State, and Zip
liability company at the place designated in registered agent and agree to act in this capa all statutes relating to the proper and comple	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ecity. I further agree to comply with the provisions of the performance of my duties, and I am familiar with the gistered agent as provided for in Chapter 608, F.S
Registered Agent's Sign	ature (REOUIRED)

(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: "MGR" = Manager	Name and Address:	
"MGRM" = Managing Member MGR	Lana Y Liy 99411k Georgia Dr.	
MGRM	Lana Y Liu 1941 LK Georgia Dr ORLANDO, FL 32817	
(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	r an authorized representative of a member.	
(In accordance with section 608.40 constitutes an affirmation under the I am aware that any false informati constitutes a third degree felony as	8(3), Florida Statutes, the execution of this document e penalties of perjury that the facts stated herein are true. on submitted in a document to the Department of State provided for in s.817.155, F.S.)	
Турес	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)

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