

L13000015021

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

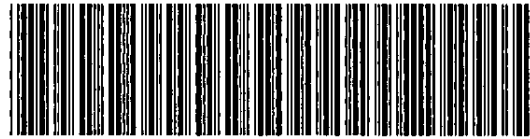
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Mary ^{GAY}
AUTHORIZATION BY PHONE TO
CORRECT Art + V.
DATE 1/30/13
VCC. EXAM.

Office Use Only



100244072221

100244072221
01/28/13--01055--014 **160.00

~~EFFECTIVE DATE~~
1/18/13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2013 JAN 28 AM 8:49

FILED

W. Cuffigan JAN 29 2013



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 29, 2013

MARY V. GILMOUR
301 WEST PLATT STREET, SUITE 78
TAMPA, FL 33606-2292

SUBJECT: WEST DAVIS GROUP, LLC
Ref. Number: W13000005620

We have received your document for WEST DAVIS GROUP, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on . Please amend your document accordingly.

Document was received on 01/28/13.

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) 245-6051.

Neysa Culligan
Regulatory Specialist II

Letter Number: 413A00002203

(850) 245-6051.

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **West Davis Group, 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:

Mary V. Gilmour

Name of Person

West Davis Group, LLC.

Firm/Company

301 West Platt St., Suite 78

Address

Tampa, FL 33606-2292

City/State and Zip Code

mary.100westdavisblvd@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mary V Gilmour

Name of Person

813 597-9503

at ()

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee \$130.00 Filing Fee & 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 Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

West Davis Group, LLC.

(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:

100 West Davis Blvd
Tampa, FL 33606

Mailing Address:

301 West Platt St.
Suite 78
Tampa, FL 33606

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:

Mary V. Gilmour

Name

100 West Davis Blvd

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

Tampa, FL 33606

FL

City, State, and Zip

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2019 JAN 28 AM 8:49
SECRETARY OF STATE
TALLAHASSEE, 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)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

President/CEO

Mary V. Gilmour

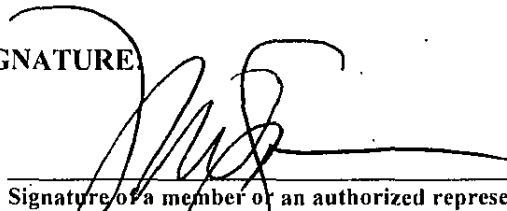
301 West Platt St., Suite 78

Tampa, FL 33606-2292

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: January 18, 2013 (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 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.)

Mary V. Gilmour

Typed or printed name of signee

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2013 JAN 28 AM 8:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)