## #L13000120278

(Requestor's Name)
(Address)
(Address)
( .a.s. s.s.,
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Enuty Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100250663241

08/23/13--01016--004 \*\*125.00

13 AUG 23 PM 1: 50
SECTE LARY OF STATE
AND AND SEFE FLORID

K.SALY EXAMMER AUG 26 ZUIJ (850) 245-6051.

341

## **COVER LETTER**

`TO:	Registration S Division of Co			
SUBJE	CCT:	) e St Coasi Name of Limit	ed Liability Company	of Lee 10
The end	closed Articles o	of Organization and fee(s) are	submitted for filing.	_
Please	return all corresp	pondence concerning this mat	ter to the following:	
		B:11	D. Berke	
			Name of Person	
			•	
•			Firm/Company	
	\	003 Del	Prado Blud. Address	# 300
			. Address	
		Cape Ce	y/State and Zip Code	5990
•				
-		perce lo	for future annual report notification)	<u>~</u>
		,		
For furt	her information	concerning this matter, please	e call:	
<u>J</u>	siane	w grown	at (239) 549.  Area Code & Daytime Telep	-lele 89
	Name	of Person	Area Code & Daytime Telep	hone Number
Enclos	ed is a check for	or the following amount:		
<b>\$</b> 125.0	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 Crallahassee, FL 32301	ircle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

West Coast Properties of Lee County, 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:  Mailing Address:
1003 Del Pradublid #300 Source Coupe Circl, Fl 339 of
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:
Name Name
Name  1003 Del Prado Blvd # 300 Fr 3  Florida street address (P.O. Box NOT acceptable)  Cape Cod FL 33990  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.

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

MGR" = Managing Member  Advanta TRA (7-80)  1520 Proyal Palm (80)  Fort My (80)  33919  Let V: Effective date, if other than the date of filing:	<u>Title:</u>	Name and Address:
WGRM  Advanta IRA FBO  1520 Royal Palm Say Bli  Fort Mynn, Fi  33919  EV: Effective date, if other than the date of filing:	"MGR" = Manager	•
Use attachment if necessary)  LE V: Effective date, if other than the date of filing:	'MGRM" = Managing Member	
Use attachment if necessary)  LE V: Effective date, if other than the date of filing:	Mank	
Use attachment if necessary)  LE V: Effective date, if other than the date of filing:	101616111	Havanta IRIT 1-1501
Use attachment if necessary)  LE V: Effective date, if other than the date of filing:		15 20 Hoyal Palm Say Blu
Use attachment if necessary)  E V: Effective date, if other than the date of filing:		Fort Myon, El
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.)  Typed or printed name of signee		33919
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.)  Typed or printed name of signee		
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.)  Typed or printed name of signee		
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.)  Typed or printed name of signee		
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.)  Typed or printed name of signee		· ·
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.)  Typed or printed name of signee		
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.)  Typed or printed name of signee		
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.)  Typed or printed name of signee		
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.)  Typed or printed name of signee		
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.)  Typed or printed name of signee	<del></del>	
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.)  Typed or printed name of signee		
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.)  Typed or printed name of signee	(Use attachment if necessary)	
(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.)  Typed or printed name of signee	LE V: Effective date, if other than the fective date is listed, the date must	e date of filing: (OPTION st be specific and cannot be more than five busi
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.)  Typed or printed name of signee	EV: Effective date, if other than the fective date is listed, the date must or 90 days after the date of filing.)	te date of filing: (OPTION of the specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than the specific and cannot be
	LE V: Effective date, if other than the fective date is listed, the date must or 90 days after the date of filing.)  REQUIRED SIGNATURE:	st be specific and cannot be more than five busi
	LE V: Effective date, if other than the fective date is listed, the date must or 90 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a memb  (In accordance with section 60 constitutes an affirmation under lam aware that any false infor constitutes a third degree felon	er or an authorized representative of a member.  8.408(3), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true. mation submitted in a document to the Department of State by as provided for in s.817.155, F.S.)
	LE V: Effective date, if other than the fective date is listed, the date must or 90 days after the date of filing.)  REOUIRED SIGNATURE:  Signature of a memb  (In accordance with section 60 constitutes an affirmation under I am aware that any false information constitutes a third degree felon	er or an authorized representative of a member.  8.408(3), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true. mation submitted in a document to the Department of State by as provided for in s.817.155, F.S.)
	LE V: Effective date, if other than the fective date is listed, the date must or 90 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a memb  (In accordance with section 60 constitutes an affirmation under I am aware that any false information constitutes a third degree felon	er or an authorized representative of a member.  8.408(3), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true. mation submitted in a document to the Department of State by as provided for in s.817.155, F.S.)
	E V: Effective date, if other than the ective date is listed, the date must 90 days after the date of filing.)  EOUIRED SIGNATURE:  Signature of a memb  (In accordance with section 60 constitutes an affirmation under I am aware that any false inforconstitutes a third degree felon	er or an authorized representative of a member.  8.408(3), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true. mation submitted in a document to the Department of State by as provided for in s.817.155, F.S.)
\$125.00 Filing Fee for Articles of Organization and Designation	EV: Effective date, if other than the fective date is listed, the date must or 90 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a memb  (In accordance with section 60 constitutes an affirmation under I am aware that any false information constitutes a third degree felon T.  Filing Fees:	set be specific and cannot be more than five businer or an authorized representative of a member.  8.408(3), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State may as provided for in s.817.155, F.S.)  Typed or printed name of signee

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

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)