114000072360

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(rida)		
(City/	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ruei	ness Entity Nan	ne)
(Duai	iliess Ellity Naii	ne,
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Consist Instructions to Fi	lline Officer	
Special Instructions to Fi	lling Officer:	
		1

Office Use Only



000259262390

04/28/14--01035--021 **130.00



J. Shivers MAY 0 5 2014

COVER LETTER

то:	Registration Section Division of Corporations		
SUBJI	CCT: WESTGATE INVESTMENT, LLC Name of Lin	mited Liability Company	
The en	closed Articles of Organization and fee(s) a	ire submitted for filing.	•
Please	return all correspondence concerning this n	natter to the following:	
	MANDY MORALES		
		Name of Person	
		Firm/Company	
	PO BOX 540669	Address	
		, tadi oba	
	LAKE WORTH, FL 33454	City/State and Zip Code	
S	NSMIGIEL@AOL.COM E-mail address; (to be use	ed for future annual report notifica	ation)
For fur	ther information concerning this matter, ple	ease cali:	
MANE	Name of Person	561) 968-3605 Area Code Daytime Tel	lephone Number
Enclos	ed is a check for the following amount:		
□ \$125.0	0 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 Add Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions ter Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

WESTGATE INVE			
	(Must end with the words "Lim	ited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Add	ress:		
The mailing address	and street address of the princip	al office of the Limited Liability Company is:	
Principal Office Ad	dress:	Mailing Address:	•
7965 LANTANA R	D	PO BOX 540669	
LAKE WORTH, FL		LAKE WORTH, FL 33454-0669	
		own Registered Agent. You must designate an individual o	11
	ity with an active Florida registroprida street address of the registed GARY SMIGIEL, LC		
	orida street address of the registe		
	GARY SMIGIEL, LC	ered agent are:	
	orida street address of the registe	ered agent are:	
	GARY SMIGIEL, LC No. 7965 LANTANA RD. Florida street address (P.O.	ered agent are:	
	GARY SMIGIEL, LC No. 7965 LANTANA RD.	ered agent are: ame Box NOT acceptable)	

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

BR" = Authorized Member " = Manager	GARY SMIGIEL, LC PO BOX 540669 LAKE WORTH, FL 33454-0669 CHRIS HEINE 2765 LAKE DRIVE
	PO BOX 540669 LAKE WORTH, FL 33454-0669 CHRIS HEINE 2765 LAKE DRIVE
	PO BOX 540669 LAKE WORTH, FL 33454-0669 CHRIS HEINE 2765 LAKE DRIVE
· · · · · · · · · · · · · · · · · · ·	CHRIS HEINE 2765 LAKE DRIVE
······································	CHRIS HEINE 2765 LAKE DRIVE
<u> </u>	2765 LAKE DRIVE
····	2765 LAKE DRIVE
	SINGER ISLAND, FL 33404
	SINCENTISEANS, 1 E 00404
g.)	
Other provisions, if any,	
UIRED SIGNATURE:	
UIRED SIGNATURE:	
- M	
Signature of a member	er or an authorized representative of a member.
Signature of a member (In accordance with section 605.02	03 (1) (b), Florida Statutes, the execution of this document
Signature of a member (In accordance with section 605.02 constitutes an affirmation under the	03 (1) (b), Florida Statutes, the execution of this document penalties of perjury that the facts stated herein are true.
Signature of a member (In accordance with section 605.02 constitutes an affirmation under the I am aware that any false information to the I am aware that any false information that any false information to the I am aware that a aw	03 (1) (b), Florida Statutes, the execution of this document penalties of perjury that the facts stated herein are true, on submitted in a document to the Department of State
Signature of a member (In accordance with section 605.02 constitutes an affirmation under the	03 (1) (b), Florida Statutes, the execution of this document penalties of perjury that the facts stated herein are true, on submitted in a document to the Department of State
Signature of a member (In accordance with section 605.02 constitutes an affirmation under the I am aware that any false informatic constitutes a third degree felony as	03 (1) (b), Florida Statutes, the execution of this document 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.)
Signature of a member (In accordance with section 605.02 constitutes an affirmation under the I am aware that any false informatic constitutes a third degree felony as	03 (1) (b), Florida Statutes, the execution of this document 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.)
Signature of a member (In accordance with section 605.02 constitutes an affirmation under the I am aware that any false informatic constitutes a third degree felony as	03 (1) (b), Florida Statutes, the execution of this document 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.) ped or printed name of signee
Signature of a member (In accordance with section 605.02 constitutes an affirmation under the I am aware that any false informatic constitutes a third degree felony as GARY SMIGIEL LC Ty	03 (1) (b), Florida Statutes, the execution of this document 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.)

Page 2 of 2

APR 28 (#10): 02