114000062746

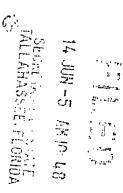
(Re	equestor's Name)	.
(Ad	dress)	
(Ad	ldress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		;

Office Use Only



600260732096

06/05/14--01008--031 **160.00



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: WESTCHASE MATH SERVICES 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:	
ANDREW KELLY Name of Person	
Name of Person	_
Firm/Company	_
• •	
93 EASTWINDS CT	
Address	_
PAZM HARBON FL 34683 City/State and Zip Code andrew. Kelly @ Math, nasum, com E-mail address: (to be used for future annual report notification)	
City/State and Zin Code	_
andrew Kelly @ Matting sure and	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
4	
ANDRSW KFLY at (908) 489-4358 Name of Person Area Code Daytime Telephone Number	
Name of Person / Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) 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:

WESTCHAS	E MATH SEI	RUICE	SLLC		<u> </u>	
(Must en	d with the words "Limited	Liability Co	ompany, "L.L.C.,"	or "LLC.")		
ARTICLE II - Address: The mailing address and street	address of the principal of	fice of the l	Limited Liability (Company is:		
Principal Office Address:		Mailing	Address:			
93 EASTWINDS PARM HARBOR	CT FL 346F3	93 PA	EASTWIN IN HARBO	05 CT In Fi 340	<u>68-3</u>	
ARTICLE III - Registered A (The Limited Liability Compa another business entity with a	ny cannot serve as its own l	Registered .			lividual or	
The name and the Florida stree	et address of the registered	agent are:				
	ANDREW R Name 93 EASTWIN	KEL	-4			
Florio	93 EASTWIN la street address (P.O. Box	NOT acce	ptable)	•		
	DAM HARBON	L FL	34683			
	City		Zip	<u> </u>	9 *(G	
capacity. I further agree to a	s certificate, I hereby accept comply with the provisions o liar with and accept the obl	the appoin of all statute igations of i	tment as registered is relating to the pi my position as regi	d agent and agr coper and comp	ee to act in lete perfort	this : mance
		er 605, F.S.				1 4
	Registered Agent's Signat		(IRED)	ORIĐA I	9 (40)	**************************************

Page 1 of 2

(CONTINUED)

Title:	Name and Address:		
"AMBR" = Authorized Member "MGR" = Manager MGR R	ANDREW R KELLY 93 EASTWINDS CT PALM HARBOR, FZ 34683	- - -	
		- -	
		_	
		_	
		_	
(Use attachment if necessary)			
ARTICLE V: Effective date, if other than the date of filing [If an effective date is listed, the date must be specific as		90 day	/s after
ARTICLE V: Effective date, if other than the date of filing (If an effective date is listed, the date must be specific at the date of filing.)		90 day	vs after
ARTICLE V: Effective date, if other than the date of filing (If an effective date is listed, the date must be specific at the date of filing.)		90 day	vs after
ARTICLE V: Effective date, if other than the date of filing (If an effective date is listed, the date must be specific as the date of filing.) ARTICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of	nd cannot be more than five business days prior to or		vs after
ARTICLE V: Effective date, if other than the date of filing (If an effective date is listed, the date must be specific at the date of filing.) ARTICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of (In accordance with section 605.0203 constitutes an affirmation under the performance)	or an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document enalties of perjury that the facts stated herein are true submitted in a document to the Department of State covided for in s.817.155, F.S.)	14 111	s after
ARTICLE V: Effective date, if other than the date of filing (If an effective date is listed, the date must be specific at the date of filing.) ARTICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of the constitutes an affirmation under the policy of the constitutes at third degree felony as proceedings.	or an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document enalties of perjury that the facts stated herein are true; submitted in a document to the Department of State; ovided for in s.817.155, F.S.)	14 JUN -5	T Near Survivors
ARTICLE V: Effective date, if other than the date of filing (If an effective date is listed, the date must be specific at the date of filing.) ARTICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of the constitutes an affirmation under the policy of the constitutes at third degree felony as proceedings.	or an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document enalties of perjury that the facts stated herein are true covided for in s.817.155, F.S.) EW RELLY Consideration of the Department of State Covided for in s.817.155, F.S.)	14 JUH -	n to e