## 614000109375

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	dress)	
(Cit	ty/State/Zip/Phone	e #)
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(Do	ocument Number)	
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## **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJE	ECT: WestOne Nine Mile Road LLC Name of Lir	nited Liability Company	
	closed Articles of Organization and fee(s) at	_	
Please	return all correspondence concerning this m	atter to the following:	
	Richard C. West	Name of Person	
	WestOne Holdings Corp	Firm/Company	
	1797 Lorain Cr	Address	
	Cantonment FL 32533	City/State and Zip Code	
W	estoneholdingscorp@gmail.com E-mail address: (to be use	d for future annual report notifica	tion)
For fur	ther information concerning this matter, plea	ase call:	
Richa	rd C. West at ( at ( at ( at (	850 ) 554-0163 Area Code Daytime Tel	ephone Number
_	ed is a check for the following amount:  00 Filing Fee  \$\sum \$\sum \$\sum \$\sum \$\sum \$\sum \$\sum \$\text{\$\sum \$\sum \$\s	□\$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 Adda Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

WestOne Nine Mile Road LLC  (Must end with the words "L	imited Liability Company, "L.L.C.," or	"LC")
(ividst end with the words E	mined Elabinty Company, E.E.C., or	BBC. )
ARTICLE II - Address: The mailing address and street address of the prince	cipal office of the Limited Liability Cor	mpany is:
Principal Office Address:	Mailing Address:	
1797 Lorain Cr Cantonment, FL 32533	1797Lorain Cr Cantonment, FL 32533	
ARTICLE III - Registered Agent, Registered O (The Limited Liability Company cannot serve as it another business entity with an active Florida regis The name and the Florida street address of the regis	s own Registered Agent. You must des stration.)	
WestOne Holdings Corr	<b>1</b>	
	Name	- A setsoath
1797 Lorain Cr		
Florida street address (P.C	O. Box NOT acceptable)	
Cantonment,	FL 32533	
City	Zip	
Having been named as registered agent and to acc the place designated in this certificate, I hereby capacity. I further agree to comply with the prov of my duties, and I am familiar with and accept	accept the appointment as registered a isions of all statutes relating to the prop	gent and agree to act in this er and complete performance

(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	Richard C West
	1797 Lorain Cr Cantonment, FL 32533
MGR	Sylvana C. West
	1797 Lorain Cr Cantonment, FL 32533
	Tica Tital
	C. L.
	<u> </u>
	<u> </u>
ective date is listed, the date must be s	te of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 9
E V: Effective date, if other than the dat ective date is listed, the date must be spot filling.)  E VI: Other provisions, if any.	te of filing: (OPTIONAL)  pecific and cannot be more than five business days prior to or 9
E V: Effective date, if other than the dat ective date is listed, the date must be spof filing.)	te of filing: (OPTIONAL)  pecific and cannot be more than five business days prior to or 9
E V: Effective date, if other than the dat ective date is listed, the date must be spot filling.)  E VI: Other provisions, if any.	te of filing: (OPTIONAL)  pecific and cannot be more than five business days prior to or 9
E V: Effective date, if other than the date ective date is listed, the date must be spot filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:	te of filing: (OPTIONAL)  pecific and cannot be more than five business days prior to or 9
E V: Effective date, if other than the date ective date is listed, the date must be spot filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a m  (In accordance with section 6 constitutes an affirmation und I am aware that any false info	te of filing: (OPTIONAL)  pecific and cannot be more than five business days prior to or 9
E V: Effective date, if other than the date ective date is listed, the date must be spot filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a m  (In accordance with section 6 constitutes an affirmation und I am aware that any false info	nember or an authorized representative of a member.  605.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. In the penalties of perjury that the facts of the Department of State only as provided for in s.817.155, F.S.)