| L/500c | 1099/49 |
|--|---|
| (Requestor's Name) (Address) (Address) | 000275401940 |
| (City/State/Zip/Phone #) | |
| | 09/01/1501003010 **91.00 |
| (Business Entity Name) | |
| (Document Number) | |
| Certified Copies Certificates of Status | 2015 SEP SECRET TALLAHA |
| Special Instructions to Filing Officer: | ILED TARY OF STATE ASSEE. FLORIDA |
| Office Use Only | |
| | K. SALY EXAMINER SEP 15 2015 |

WESTPOINT, LLC C/O HERMAN J RAMHARRACK 961 HAAS St NE Palm Bay, FL 32907 PHONE: (321) 215-1757

August 26, 2015

Secretary of State Registration Section Division of Corporation PO Box 6327 Tallahassee, FL 32314

Re: WESTPOINT, LLC

To Whom It May Concern:

I am enclosing herewith the following items regarding the conversion of Incorporation of the above referenced Limited Liability Company, to wit:

- 1. Articles of Incorporation
- 2. A check payable to the Secretary of State in the amount of **\$ 91.00** Certificate of Conversion \$25.00, Certificate of Status \$ 60 and \$6.00 for Postage.

Please file these documents on our behalf and remit the Certificate of Incorporation to the undersigned.

Thank you in advance for your cooperation.

Sincerely,

Herman J Ramharrack 961 HAAS Ave NE Palm Bay, FL 32907

| COVER LETTER | |
|--|--|
| TO: Registration Section Division of Corporations | |
| SUBJECT: WESTPOINT, LLC Name of Limited Liability Company | |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. | |
| Please return all correspondence concerning this matter to the following: | |
| AN STOT POINT LIG | |
| AN FIST POINT, LLC | |
| 961 HAAS AVENE | |
| falso Bay, FL 32907 City/State and Zip Code | |
| E-mail address: (to be used for future annual report notification) | |

For further information concerning this matter, please call:

n Ma. Daytime Telephone Number Name of Person

Enclosed is a check for the following amount:

\$25.00 Filing Fee

□ \$30.00 Filing Fee & Certificate of Status □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) Section 2015 Sec., Section 2015 Sec., Sectificate 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

AMENDED REINSTATE ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The undersigned incorporator, being a natural person competent to contact, hereby adopts the Articles of Incorporation in order to form a Limited Liability Company under the laws of the State of Florida.

ARTICLE I

The name of the Limited Liability Company is: WESTPOINT, LLC

ARTICLE II

This Limited Liability Company shall commence upon the execution of these Articles and shall exist perpetually.

ARTICLE III

The purpose of this Limited Liability Company is to engage in any business lawful under the laws of the State of Florida and the United States.

ARTICLE IV

The initial street of the principal place of business of the Limited Liability Company is 961 HAAS AVE NE, PALM BAY FL 32907 The name of the initial registered agent of this Limited Liability Company is FILED FI 6: 1 Hiram O Grandoit 4690 Lipscomb St NE 5A, Palm Bay, FL 32905 E-mail: Grandoitassociates@Yahoo.com

ARTICLE V

The names and addresses of the persons authorized to manage LLC

Title: MGR Herman J RamHarrack 961 HAAS AVE NE Palm Bay, FL 32907

The managers of this Limited Liability Company shall adopt Bylaws, which shall contain provisions for the management of the business and the regulation of the affairs of the Limited Liability Company that are not inconsistent with the Articles or the laws of the State of Florida.

DOTT AND OCCOCTOTES

(991) 790 010

IN WITNESS WHEREOF, the undersigned has made and subscribed of these Articles of the Limited Liability Company in Palm Bay Brevard County, Florida, and these 15 days of September 2015

Signature of authorized representative

I hereby declare that I am familiar with and accept the duties and responsibilities as registered agent for said organization.

FILEU FILEU

Hiram O Grandoji

Registered Agent

I HEREBY CERTIFY that on this day, before me, a Notary Public duly authorized in the State and County named above to take acknowledgments, personally appeared, to be the person described as subscriber in and who executed the foregoing Articles of Limited Liability Company, and who acknowledged before me that he subscribed to those Articles of Incorporation.

WITNESS my hand and official seal in the County and State named above this 15 days of September 2015.

int Name of Notary Publi

ure of Notary

My Commission Expires:

Seal:



HIRAM O. GRANDOI7 Notary Public - State of Flori My Comm. Expires May 4, 20 Commission # EE 864163