1600/0357

| (Re | equestor's Name) |
|-------------------------|------------------------|
| (Ac | ddress) |
| (Ac | ddress) |
| (Ci | ty/State/Zip/Phone #) |
| PICK-UP | WAIT MAIL |
| (Ві | usiness Entity Name) |
| (Do | ocument Number) |
| Certified Copies | Certificates of Status |
| Special Instructions to | Filing Officer: |
| | |
| | |
| | |
| | |

Office Use Only

W16-36-702



200285310422

05/12/16--01016--027 **150.00

TEGRIDA

EFFECTIVE DATE

JUN - '2016!

S. GILBERT

FLORIDA DEPARTMENT OF STATE Division of Corporations

May 20, 2016

TAD MILLER 13102 PALM BEACH BLVD SUITE C FT. MYERS, FL 33905

SUBJECT: WEST COAST MANAGEMENT LLC

Ref. Number: W16000036702

We have received your document for WEST COAST MANAGEMENT LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable because it is the same as or not distinguishable from an existing entity. If the principals are the same in both entities, please send a letter or affidavit advising us of this association, along with your articles so that we may complete the filing process.

The document number of the name conflict is P03000036966 - WEST COAST MANAGEMENT CORPORATION.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Sylvia Gilbert Regulatory Specialist II New Filing Section

Letter Number: 416A00010722

RECEIVED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

| The name of the Limited Liability | Company is: | | | 16 JUN-2, PM12: 43 |
|---|---|---|--|--|
| West Coast Realty PM | | | | ##₹ S CI T |
| (Must end w | ith the words "Limited | d Liability Compa | ny, "L.L.C.," or "LLC.") | The second of th |
| ARTICLE II - Address: The mailing address and street address | dress of the principal o | office of the Limite | ed Liability Company is: | |
| <u>Principa</u> | l Office Address: | | Mailing Ad | ldress: |
| 13102 Palm Beach Bl Fort Myers FL 33905 | lvd Suite C | | 102 Palm Beach Blvd Surt Myers FL 33905 | uite C |
| ARTICLE III - Registered Ages (The Limited Liability Company of another business entity with an ac | cannot serve as its own | n Registered Agen | | individual or |
| The name and the Florida street a | ddress of the registere | d agent are: | | |
| | _ | . | | |
| | Tad Mille TAD | Name | | |
| | 13102 Palm Beach E | Blvd Suite C | | |
| | Florida street addres | ss (P.O. Box <u>NOT</u> | acceptable) | |
| | Fort Myers | FL | 33905 | |
| | City | State | Zip | |
| Having been named as registered a place designated in this certificate, i further agree to comply with the pro am familiar with and accept the obl | l hereby accept the appovisions of all statutes i | pointment as regist relating to the prop as registered ager | ered agent and agree to a er and complete perfor <mark>m</mark> e | act in this capacity. I ance of my duties, and I |

Page 1 of 2

(CONTINUED)

| AMBR" = Authorized Member MGR" = Manager AGR Tad Miller 13102 Palm Beach Blvd Suiet C Fort Myers FL 33905 Use attachment if necessary) V: Effective date, if other than the date of filing: 07/01/2016 (OPTIONAL) tive date is listed, the date must be specific and cannot be more than five business days prior to or 9 filing.) he date inserted in this block does not meet the applicable statutory filing requirements, this date will no ent's effective date on the Department of State's records. VI: Other provisions, if any. Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. |
|---|
| Use attachment if necessary) V: Effective date, if other than the date of filing: 07/01/2016 (OPTIONAL) tive date is listed, the date must be specific and cannot be more than five business days prior to or 9 filing.) he date inserted in this block does not meet the applicable statutory filing requirements, this date will not ent's effective date on the Department of State's records. VI: Other provisions, if any. Signature of a member or an authorized representative of a member. |
| Use attachment if necessary) V: Effective date, if other than the date of filing: 07/01/2016 (OPTIONAL) tive date is listed, the date must be specific and cannot be more than five business days prior to or 9 (filing.) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not ent's effective date on the Department of State's records. VI: Other provisions, if any. Signature of a member or an authorized representative of a member. |
| Fort Myers FL 33905 Use attachment if necessary) V: Effective date, if other than the date of filing: 07/01/2016 (OPTIONAL) tive date is listed, the date must be specific and cannot be more than five business days prior to or 9 filing.) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not ent's effective date on the Department of State's records. VI: Other provisions, if any. Signature of a member or an authorized representative of a member. |
| Use attachment if necessary) V: Effective date, if other than the date of filing: 07/01/2016 |
| Use attachment if necessary) V: Effective date, if other than the date of filing: 07/01/2016 |
| Use attachment if necessary) V: Effective date, if other than the date of filing: 07/01/2016 |
| Use attachment if necessary) V: Effective date, if other than the date of filing: 07/01/2016 |
| Use attachment if necessary) V: Effective date, if other than the date of filing: 07/01/2016 (OPTIONAL) etive date is listed, the date must be specific and cannot be more than five business days prior to or 9 filing.) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not ent's effective date on the Department of State's records. VI: Other provisions, if any. Signature of a member or an authorized representative of a member. |
| Use attachment if necessary) V: Effective date, if other than the date of filing: 07/01/2016 (OPTIONAL) etive date is listed, the date must be specific and cannot be more than five business days prior to or 9 filing.) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not ent's effective date on the Department of State's records. VI: Other provisions, if any. Signature of a member or an authorized representative of a member. |
| Use attachment if necessary) V: Effective date, if other than the date of filing: 07/01/2016 (OPTIONAL) etive date is listed, the date must be specific and cannot be more than five business days prior to or 9 filing.) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not ent's effective date on the Department of State's records. VI: Other provisions, if any. Signature of a member or an authorized representative of a member. |
| Use attachment if necessary) V: Effective date, if other than the date of filing: 07/01/2016 (OPTIONAL) etive date is listed, the date must be specific and cannot be more than five business days prior to or 9 filing.) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not ent's effective date on the Department of State's records. VI: Other provisions, if any. Signature of a member or an authorized representative of a member. |
| Use attachment if necessary) V: Effective date, if other than the date of filing: 07/01/2016 (OPTIONAL) etive date is listed, the date must be specific and cannot be more than five business days prior to or 9 filing.) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not ent's effective date on the Department of State's records. VI: Other provisions, if any. Signature of a member or an authorized representative of a member. |
| Use attachment if necessary) V: Effective date, if other than the date of filing: 07/01/2016 (OPTIONAL) etive date is listed, the date must be specific and cannot be more than five business days prior to or 9 filing.) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not ent's effective date on the Department of State's records. VI: Other provisions, if any. Signature of a member or an authorized representative of a member. |
| Use attachment if necessary) V: Effective date, if other than the date of filing: 07/01/2016 (OPTIONAL) etive date is listed, the date must be specific and cannot be more than five business days prior to or 9 filing.) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not ent's effective date on the Department of State's records. VI: Other provisions, if any. Signature of a member or an authorized representative of a member. |
| V: Effective date, if other than the date of filing: 07/01/2016 (OPTIONAL) etive date is listed, the date must be specific and cannot be more than five business days prior to or 9 filing.) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not ent's effective date on the Department of State's records. VI: Other provisions, if any. Signature of a member or an authorized representative of a member. |
| V: Effective date, if other than the date of filing: 07/01/2016 (OPTIONAL) etive date is listed, the date must be specific and cannot be more than five business days prior to or 9 filing.) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not ent's effective date on the Department of State's records. VI: Other provisions, if any. Signature of a member or an authorized representative of a member. |
| V: Effective date, if other than the date of filing: 07/01/2016 (OPTIONAL) etive date is listed, the date must be specific and cannot be more than five business days prior to or 9 filing.) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not ent's effective date on the Department of State's records. VI: Other provisions, if any. Signature of a member or an authorized representative of a member. |
| etive date is listed, the date must be specific and cannot be more than five business days prior to or 9 filing.) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not ent's effective date on the Department of State's records. VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a member or an authorized representative of a member. |
| Signature of a member or an authorized representative of a member. |
| Signature of a member or an authorized representative of a member. |
| Signature of a member or an authorized representative of a member. |
| Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. |
| Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. |
| This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. |
| |
| 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. |
| Tad Miller |
| 1 100 000 000 |
| Typed or printed name of signee |
| Typed or printed name of signee Filing Fees: |
| |

ARTICLE IV-

Page 2 of 2