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(A	(ddress)	
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PICK-UP	WAIT	MAIL MAIL
(B	Jusiness Entity Name)	
	-	
(C	Ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to Fi	ling Officer:	

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CORPORATE ACCESS,

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INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

			WALK IN
		PICK UP:	JENA 11/26
-		CERTIFIED COPY	
	XX	РНОТОСОРУ	
		cus	
	XX	FILING	I.I.C
1.		WESTPHAL REAL ESTATE (CORPORATE NAME AND DOCUMENT)	
2.		(CORPORATE NAME AND DOCUMEN')	Γ#)
3.		(CORPORATE NAME AND DOCUMEN	Γ #)
4.		(CORPORATE NAME AND DOCUMENT	Γ #)
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6.			
SPF	CIAI	CORPORATE NAME AND DOCUMENT LINSTRUCTIONS:	1°#)

COVER LETTER

TO:	New Filing Sec Division of Cor				
SUBJE	Westphal F	Real Estate, LLC			
30000	· · ·	Name	of Limited Lia	ibility Company	
The enc	losed Articles of	Organization and fe	e(s) are submit	ted for filing.	
Please n	eturn all correspo	ondence concerning	this matter to t	he following:	
	Christopher	Gero Prado			
			Name	of Person	
	Galbraith W	eatherbie Law, PLL	С		
			Firm	/Company	
	999 Vandert	oilt Beach Rd., Ste. :	509		
			A	ddress	
	Naples, FL 3	34108			
			City/State	and Zip Code	
	steve@ledbet		e used for futu	re annual report notific	ation)
For furthe		ncerning this matter			,
	Christopher (Gero Prado	239 at (2252298	
	Nam	ne of Person	Area Cod	e Daytime Teleph	one Number
Enclose	d is a check for t	the following amoun	t:		
	.00 Filing Fee	□\$130.00 Filing Certificate of Sta	Fee & 🔲	\$155.00 Filing Fee & rtified Copy tional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		ng Address		Street Address	D
		Filing Section on of Corporations		New Filing Section The Centre of Talls	ahassee
	P.O. E	Box 6327 nassee, FL 32314		2415 N. Monroe St Tallahassee, FL 32	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liab	ility Company is:			
Wassankat Basi Cas	II.C			
Westphal Real Esta (Must co		ed Liability Comm	pany, "L.L.C.," or "LLC.")	
(11120100	man are words anima	od Bildomity Comp	saily, B.B.C., or BBC. y	
ARTICLE II - Address: The mailing address and street	address of the principa	al office of the Lir	mited Liability Company is:	
<u>Princ</u>	ipal Office Address:		Mailing Address:	
309 Lookout Point	Drive		309 Lookout Point Drive	
Osprey, FL 34229			Osprey, FL 34229	
				
another business entity with a The name and the Florida stree	_	red agent are:		
	229 Pensacola Ros		<u> </u>	
	Florida street add	ress (P.O. Box <u>N</u>	OT acceptable)	
	Venice	FL	34285	
	City	State	Zip	
place designated in this certifica further agree to comply with the	te, I hereby accept the a provisions of all statute obligations of my positi	ppointment as reg is relating to the p	for the above stated limited liability company at the gistered agent and agree to act in this capacity. It roper and complete performance of my duties, and gent as provided for in Chapter 605, F.S	

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u>	Name and Address:	
"AMBR" = "MGR" = M	uthorized Member	
MBR_	Mama J. Westphal 309 Lookout Point Drive	
	Osprev. FL 34229	
MGR	Ronald R. Westphal 309 Lookout Point Drive	
	Osprey, FL 34229	
		
(Lice attache	ent if necessary)	
(Ose attacili	in in necessary)	
ARTICLE V: Effecti	e date, if other than the date of filing: (OPTIONAL)	
(If an effective date is	isted, the date must be specific and cannot be more than five business days prior to or 90 days aft	er
the date of filing.)	and in this blook, done not make he annitable statutes. Alian annitamente abia data will not be live.	
	ted in this block does not meet the applicable statutory filing requirements, this date will not be listed we date on the Department of State's records.	ıas
the document 3 crice	to date on the Department of State 3 records.	
ARTICLE VI: Other	ovisions, if any.	
		
		
REOUIRE	SIGNATURE:	
	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.	
	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.	
	Steven W. Ledbetter, Esq.	
	Typed or printed name of signee	

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Stories (Optional)

\$ 5.00 Certificate of Status (Optional)