

MO00000000284

West Family LLC
65 Griffin Boulevard
Amory, WA 540
Phone: (75) 268-681
Fax: (415) 268-2108

December 23, 1999

800003086488-0
-01/03/00-01128-021
****160.00 ****160.00

Florida Department of State
Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Enclosed please find our Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida, Certificate of Designation of Registered Agent/Registered Office and check for the filing fees.

If you have any questions regarding this information, please do not hesitate to contact me. Thank you for your time and consideration in this matter.

Sincerely,

Lynn A. West
Member

FILED
00 FEB 15 AM 10:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MOO-284
2-5
Name
Availability
Document
Exempt
Under
Update
Verify
Approval
Signature



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

January 7, 2000

LYNN WEST
465 GRIFFIN BLVD.
AMERY, WI 54001

SUBJECT: WEST FAMILY, LLC
Ref. Number: W00000000554

FILED
00 FEB 15 AM 10:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for WEST FAMILY, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report/uniform business report fees due this office.)

A certificate of existence, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return 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) 487-6020.

Tammi Cline
Document Specialist

Letter Number: 000A00000895

West Family, LLC
465 Griffin Boulevard
Amery, WI 54001
Phone: (715) 268-2681
Fax: (715) 268-2108

February 9, 2000

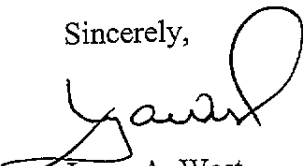
Florida Department of State
Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Dear Ms. Cline:

Per your letter dated January 7, 2000 (copy enclosed), enclosed are the completed Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida and the original certificate of existence from the State of Wisconsin - Department of Financial Institutions.

As our original Application was intended to be filed in the same year as we began transacting business, I am under the impression there will be no civil penalty. If I am incorrect in my assumption, please do not hesitate to contact me. Thank you for your time and consideration in this matter.

Sincerely,



Lynn A. West
Member

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. West Family, LLC
(Name of foreign limited liability company)

2. Wisconsin 3. 39-1967403
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. August 20, 1999 5. perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. Nov. 1, 1999
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))

7. 465 Griffin Blvd.
Amery, WI 54001
(Street address of principal office)

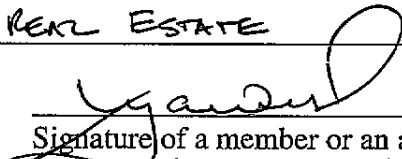
8. If limited liability company is a manager-managed company, check here

9. The usual business addresses of the managing members or managers are as follows:
465 Griffin Blvd.
Amery, WI 54001

FILED
OCT FEB 15 AM 10:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: OWN, LEASE AND
MANAGE REAL ESTATE


Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)
Lynn West

Typed or printed name of signee

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

West Family, LLC

2. The name and the Florida street address of the registered agent and office are:

VIOLA (PAT) M. WEST
(Name)

3260-63A South Shore Drive
Florida street address (P.O. Box **NOT** ACCEPTABLE)

Punta Gorda, FL 33955
City/State/Zip

FILED
00 FEB 15 AM 10:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Viola M. West
(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

DOM
183

United States of America

State of Wisconsin



DEPARTMENT OF FINANCIAL INSTITUTIONS

To All to Whom These Presents Shall Come, Greeting:

I, RICHARD L. DEAN, Secretary, Department of Financial Institutions, do hereby certify that

WEST FAMILY, LLC

is a domestic limited liability company organized under the laws of this state and that its date of organization is AUGUST 19, 1999.

I further certify that said company has not filed articles of dissolution with this department.



IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed the official seal
of the Department on December 14, 1999.

A handwritten signature in black ink, appearing to read 'Richard L. Dean'.

RICHARD L. DEAN, Secretary
Department of Financial Institutions

BY: A handwritten signature in black ink, appearing to read 'Elyn Klaila'.

Effective July 1, 1996, the Department of Financial Institutions assumed the functions previously performed by the Corporations Division of the Secretary of State and is the successor custodian of corporate records formerly held by the Secretary of State.