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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

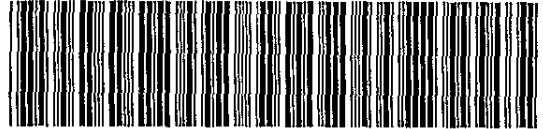
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**WYOMING CORPORATE CENTER, INC.**

P. O. Box 2869  
60 East Simpson Avenue  
Jackson, Wyoming 83001

Tel: (307) 734-8200  
Toll Free: (866) 934-8200  
Fax: (307) 734-8243

July 15, 2004

Florida Secretary of State  
Registration Section  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

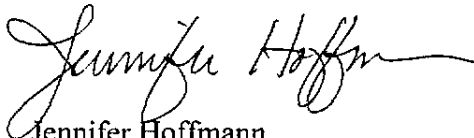
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Dear Sir/Madam:

Please process the enclosed applications for foreign limited liability company's to transact business in Florida and return to the address stated above.

Thank you.

Sincerely,



Jennifer Hoffmann  
Account Representative

jah  
Enclosures

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

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

1. WEST SHORE DRIVE, LLC  
(Name of foreign limited liability company)
2. Wyoming  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. \_\_\_\_\_  
(FEI number, if applicable)
4. June 18, 2004  
(Date of Organization)
5. perpetual  
(Duration: Year limited liability company will cease to exist or "perpetual")
6. July 12, 2004  
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 60 East Simpson Street, Post Office Box 2869  
Jackson, Wyoming 83001  
(Street address of principal office)

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8. If limited liability company is a manager-managed company, check here ☐
9. The name and usual business addresses of the managing members or managers are as follows:

Michael P. Nageotte or Monica P. Leff

Co-Trustees of the Nageotte/Leff Trust

Post Office Box 2869

Jackson, Wyoming 83001

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: \_\_\_\_\_  
To own and manage investments

  
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.)

Michael P. Nageotte, President

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 SHORE DRIVE, LLC

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

Karin E. Maller, Esq.  
(Name)

One Progress Plaza, Suite 1210  
Florida street address (P.O. Box **NOT** ACCEPTABLE)

St. Petersburg FL 33701  
(City/State/Zip)

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*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.*

Karen E. Maller  
(Signature)

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

# State of Wyoming

## Office of the Secretary of State



United States of America, }  
State of Wyoming } ss.

I, JOSEPH B. MEYER, Secretary of State of the State of Wyoming, do hereby certify that **WEST SHORE DRIVE, LLC**, a limited liability company organized under the laws of the State of Wyoming, did on **June 18, 2004**, file its Articles of Organization in the office of the Secretary of State of Wyoming, has filed all annual reports and paid all annual license taxes to date, and is in good standing at the date of this certificate.

I FURTHER CERTIFY that this certificate is not to be construed as an endorsement, recommendation, or notice of approval of the limited liability company's financial condition or business activities and practices as this information is not available from the records of this office.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of Wyoming. Done at Cheyenne, the Capital, this **18th** day of **June** A.D., **2004**.

*Joseph B. Meyer*  
\_\_\_\_\_  
Secretary of State

By *Rosalie Gonzales*  
\_\_\_\_\_

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