# M1300000121L

(Re	questor's Name)			
(Add	dress)			
(Add	dress)			
(City	y/State/Zip/Phone #	<del>(</del> #)		
. PICK-UP	WAIT	MAIL		
(Bu:	siness Entity Name	3)		
. (Do	cument Number)			
Certified Copies	_ Certificates o	of Status		
Special Instructions to Filing Officer:				
FEB 2 6 2013				
L. SELLERS				
<u> </u>				

Office Use Only



300244617633

02/14/13--01035--016 \*\*160.00

13 FEB 22 -AM (1: 17

#### **COVER LETTER**

то:	Registration Section Division of Corporations	**	<i>∰</i> #	, in the second
SUBJE	CT: WESPAO, LLC			
		ne of Limited Liability Company		
		ility Company for Authorization to Transact Business in Florida love referenced foreign limited liability company to transact b		
Please re	eturn all correspondence concerning this mat	tter to the following:		
	KRISTINE MEYERS .			
		Name of Person	_	
	THE DORCEY LAW FIRM	И, PLC		
		Firm/Company	_	
	10181 SIX MILE CYPR	ESS PKWY. STE. C		
		Address		
	FORT MYERS, FLORIDA 33	3966	_	
	<del>.</del>	City/State and Zip Code		
	KRISTINE@DORCEYLA		_	
	E-mail address: (to	be used for future annual report notification)		
For furth	er information concerning this matter, pleas	ee call:		
	KRISTINE MEYERS	at ( 239 ) 418-0169		
	Name of Person	Area Code & Daytime Telephone Number	_	
	MAILING ADDRESS: Division of Corporations	STREET ADDRESS: Division of Corporations		
	Registration Section	Registration Section		
	P.O. Box 6327	Clifton Building		
	Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301		
	\$125.00 Filing Fee \$\int \\$125.00 Filing Fee Certificate of State	e & \$\infty\$155.00 Filing Fee & \$\infty\$160.00 Filing Fee, Certi		

### 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:

LIMITED LIABILIT	Y COMPANY TO TRANSACT BUSINESS IN THE	E ST	ATE OF FLORIDA:
1. WESPAO	, LLC		
(Name of F	oreign Limited Liability Company; must incl	ude '	"Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailab consent of the man Company," "L.L.C	nagers or managing members adopting the alte	ose o	of transacting business in Florida and attach a copy of the write name. The alternate name must include "Limited Liability
2. WYOMING		3	(FEI number, if applicable)
(Jurisdiction und company is orga	der the law of which foreign limited liability anized)	-	(FEI number, if applicable)
4.		5. F	PERPETUAL
(	Date of Organization)	_	(Duration: Year limited liability company will cease to exist or "perpetual")
6.			
	(Date first transacted business in Fi (See sections 608.501 & 608.502 F.S.)	lorid S. to	a, if prior to registration.) determine penalty liability)
7. <u>5601 2NE</u>	O STREET W		
LEHIGH A	CRES, FLORIDA 33971		
	(Street Address	s of I	Principal Office)
8. If limited lia	ability company is a manager-managed	d co	mpany, check here 🗹
9. The name ar	nd usual business addresses of the mar	nagi	ng members or managers are as follows:
GLENN BA	ILEY		
5601 2ND	STREET W		
LEHIGH A	ACRES, FLORIDA 33971		
the jurisdiction und translation of the co	der the law of which it is organized. (A photocopertificate under oath of the translator must be sub	py is xmitt	
11. Nature of b	ousiness or purposes to be conducted of	or pi	romoted in Florida: ANY LAWFULL
PURPOS	E // //	1/	<u></u>
	Alv. B	LX	
			prized representative of a member.
			on of this document constitutes an affirmation under the
			am aware that any false information submitted in a third-dogree felony as provided for in s.817.155, F.S.)
	Gleni	V.	Bailen
	Typed or printe	d na	ame of signee $\sqrt{}$

## 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 Con	npany is:	
WESPA	O, LLC		
If unavailable	, the alternate to be used in t	the state of Florida is:	
2. The name a	and the Florida street addres	s of the registered agent and office are:	
	THE DORCEY LAW FIR	M, PLC	
		(Name)	_
	10181 SIX MILE CYP	RESS PKWY. STE. C	
	Florida Street A	ddress (P.O. Box NOT ACCEPTABLE)	_
	FORT MYERS	<sub>FL</sub> 33966	
		City/State/Zip	<del></del>

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, Florida Statutes.

\$ 100.00 Filing Fee for Application

(Signature)

\$ 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

I, MAX MAXFIELD, Secretary of State of the State of Wyoming, do hereby certify that

#### WESPOA, LLC

an entity originally organized under the laws of Florida on October 6, 2005, did on February 1, 2013 apply for a Certificate of Registration and filed Articles of Continuance in the office of the Secretary of State of Wyoming.

I further certify that **WESPOA**, **LLC** renounced its jurisdiction of formation and is now formed under the laws of the State of Wyoming in accordance with Wyoming statutes.

I have affixed hereto the Great Seal of the State of Wyoming and duly executed this official certificate at Cheyenne, Wyoming on this 1st day of February, 2013.



Filed Date: 02/01/2013

Max Massiell Secretary of State

By: Jessica Baldwin