# M150000031a5

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	- 4	

Office Use Only



800271086228

04/13/15--01007--027 \*\*125.00

2815 APR 13 PH 2: 02

J. HARRIS

#### **COVER LETTER**

TO:	Registration Section
	Division of Cornorations

West Creek Financial LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:
Robert Finnegan
Name of Person
West Creek Financial LLC
Firm/Company
po box 5518
Address
Richmond VA 23058
City/State and Zip Code
rob.finnegan@westcreekfin.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Rob Finnegan804 _ 363 2861
Name of Contact Person Area Code Daytime Telephone Number

#### **MAILING ADDRESS:**

Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314

#### **STREET ADDRESS:**

Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

			_		
Enclosed	is a	check	for the	following	amount:

■ \$125.00 Filing Fee □ \$130.00 Filing Fee & Certificate of Status

□ \$155.00 Filing Fee & Certified Copy

□ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

West Creek Financial LLC (Name of Foreign Limited Liability Company; must inc	clude "Limited Liability Company," "L.L.C	.," or "LLC.")
If name unavailable, enter alternate name adopted for the purpose of .iability Company," "L.L.C," or "LLC.")	f transacting business in Florida. The alterna	ite name must include "Limited
, Virginia	<sub>3.</sub> 47-1176879	
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if ap	pplicable)
1 Don Registration		
(Date first transacted business) (See sections 605,0904 & 605,090	in Florida, if prior to registration.) 05, F.S. to determine penalty liability)	/ -1 2
Suite 204, Sadler Place Richr	.477	2916 A
5030 W		E R
, , ,	ess of Principal Office)	SS 13
po box 5518 Richmond VA 23	•	Eg P
		79. 08. 08.
(Ma	iling Address)	RAL 02
(Internal	ming / vadicess/	
7. The name, title or capacity and address of the pe	erson(s) who has/have authority to	manage is/are:
Rob Finnegan, CEO, po box 55	518 Richmond, VA 2	23058
		_
B. Attached is an original certificate of existence, no	more than 00 days old, duly out	continued by the official
naving custody of records in the jurisdiction under the		
ecceptable. If the certificate is in a foreign language,	, a translation of the certificate un	nder oath of the translator
nust be submitted)		
. 06		
Signature of	an authorized person	<del></del>
n accordance with section 605.0203, F.S., the execution of this document con aware that any false information submitted in a document to the Department	onstitutes an affirmation under the penalties of pe	rjury that the facts stated herein are true ovided for in s 817.155, F.S.)
Robert FINNE	GAN	
Typed or printe	ed name of signee	<del></del>

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

The name of the Limited Liability Company is:  West Creek Financial LLC	
If unavailable, the alternate to be used in the state of Florida is:	

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

id the Florida street address of the registered agent and office are.		
InCorp Services, Inc.		
(Name)	2815 FAIT	
17888 67th Court North	APR CRETA	Sanda ze ana
Florida Street Address (P.O. Box NOT ACCEPTABLE)	SSE SSE	2) 2 18 : 36m) -
Loxahatchee, FL 33470	PH 2: E.F. of	
City/State/Zip	- 第2 🖁	

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 605, Florida Statutes.

Sulfara Brutgam on behalf of Incorp Services, Inc.
(Signature)

\$ 100,00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

# Commonbrealth of Hirginia



## State Corporation Commission

### CERTIFICATE OF FACT

### I Certify the Following from the Records of the Commission:

That West Creek Financial LLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the date of its organization is June 20, 2014; and

That the limited liability company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date: March 8, 2015

Joel H. Peck, Clerk of the Commission

CISECOM

Document Control Number: 1503085295