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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

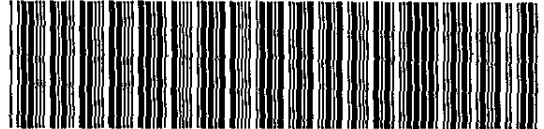
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

WDS-24821
8/4/05

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Group West, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Alan Dale Roeder

Name (Printed or typed)

P.O. Box 958

Address

Land O'Lakes, FL 34639

City, State & Zip

813-996-5900

Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

August 4, 2005

ALAN DALE ROEDER
P.O. BOX 958
LAND O'LAKES, FL 34639

SUBJECT: GROUP WEST, INC.
Ref. Number: W05000036829

We have received your document for GROUP WEST, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is S77355.

Please return the original and one copy of 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) 245-6955.

Suzanne Hawkes
Document Specialist
New Filings Section

Letter Number: 105A00050260

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Group West, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

P.O. Box 958, 4537 Deerhound Drive
Land O'Lakes, FL 34639

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

General Business

ARTICLE IV SHARES

The number of shares of stock is:

500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Dale Roeder, President
4537 Deerhound Drive
Land O'Lakes, FL 34639

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Dale Roeder
4537 Deerhound Drive
Land O'Lakes, FL 34639

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Dale Roeder
4537 Deerhound Drive
Land O'Lakes, FL 34639

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Signature/Registered Agent

7-31-05
Date


Signature/Incorporator

7-31-05
Date

FILED
05 OCT 4 PM 12:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA