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PICK-UP	☐ WAIT	MAIL						
(Business Entity Name)								
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(Docu	ment Number	)						
Certified Copies	Certificate	s of Status						
Special Instructions to Fil	ing Officer:							

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JUL 2 7 2016 S. YOUNG

SECRETARY OF STAIL TALLAHASSEE, FLOSHOF

### **COVER LETTER**

TO: Registration Section Division of Corporations							
SUBJ	ECT:	West	Court Grov.	PLLL			
			Name of	Limited Liability	Company		
		-	eign Limited Liability Com d to register the above refer				
Please	return all cor	respondence c	concerning this matter to the	following:			
			_	D. Le,	He		_
			N	lame of Person			
			West	Court Gra irm/Company	SUP	44	_
			F	irm/Company			
	_		5665	Central Address	I A	il.	
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			E-mail address: (to be use	d for future annual	report not	ification)	3 智
For fu	ther informat	tion concerning	g this matter, please call:				G) - 1997.
	6	Name o	f Contact Person	at (7/6 Area Code	_) <u>9</u>	13 - 3100 time Telephone Number	_
	Division of Registration P.O. Box 6				Division of Registrati Clifton Br 2661 Exe	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301	,
Enclos		for the follow Filing Fee	ing amount:  \$\Bigsim \text{\$\frac{1}{2}\$}\$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filin Certified Copy	_	\$160.00 Filing Fee, O	

### 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 Loust Group Lil (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited (Jurisdiction under the law of which foreign limited liability company is organized) Liability Company," "L.L.C," or "LLC.") 3. 8/-2934945 (FEI number, if applicable) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) S665 Central Ace.

Scint petersburg FC. 33710

(Street Address of Principal Office)

S665 Central Ace.

Saint petersburg FC. 33710

(Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) S665 central ALL. Name: Office Address: Sciet Petersburg, Florida 337/0
(City) (Zip code) Registered agent's acceptance: 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 application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to complywith the provisions of all statutes releave to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Gregory D. Leifer 5665 lestral Aul. Scint petesbug, FG. 33710 9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) Signature of an authorized person This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information

submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Typed or printed name of signee

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## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF FORMATION OF "WEST COAST GROUP LLC", FILED IN THIS OFFICE ON THE TENTH DAY OF JUNE, A.D. 2016, AT 11:26 O'CLOCK A.M.

SECRETARY OF STATES
TALLAHASSEE FLUMION
16 JUL 26 PM 2: 10

6065208 8100 SR# 20164401982

You may verify this certificate online at corp.delaware.gov/authver.shtml

Actively W. Busineth, Socretary of State

Authentication: 202469801

Date: 06-10-16

#### CERTIFICATE OF FORMATION

**OF** 

### WEST COAST GROUP LLC

The undersigned, intending to form and create a limited liability company pursuant to Section 18-201 of the Delaware Limited Liability Company Act, does hereby certify as follows:

- 1. The name of the limited liability company is West Coast Group LLC.
- 2. The address of the registered office of the limited liability company in the State of Delaware is 874 Walker Road, Suite C, in the City of Dover, 19904, County of Kent. The name of the limited liability company's registered agent at such address is United Corporate Services, Inc.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Formation this 10th day of June, 2016.

Deborah Taberski Authorized Person One Canalside

125 Main Street

Buffalo, New York 14203

Doc #01-2958073.1