

W03000042515

00789-02727-00071 "INC"

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

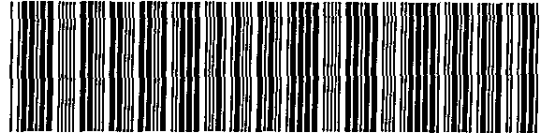
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

11/4 FL LC

W03-31270

Office Use Only



300023847303

MJM

10/22/03--01018--003 \*\*125.00

FILED  
03 NOV -4 PM 1:46  
STATE OF FLORIDA  
TALLAHASSEE RECORDS

TRANSMITTAL LETTER

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

SUBJECT: NEWCO ENTERPRISES INC LLC  
(Proposed limited liability company name - must include suffix)

Enclosed is an original and one (1) copy.

Filing fee for articles of organization of Florida Limited Liability Company:

\$100.00 Filing fee for Articles of Organization  
\$ 25.00 Designation of Registered Agent

A letter of acknowledgement will be issued free of charge upon filing. Please submit an additional \$5 if a certificate of status is needed. The fee for a certified copy is \$30. Please send one check for the total amount made payable to the Florida Department of State.

FROM: E. JAMES NEWELL  
Name (Printed or typed)  
330 BATTERSEA AVE  
Address  
PALM BAY, FL. 32909  
City, State & Zip  
321.952.8771  
Daytime Telephone number



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

October 27, 2003

E. JAMES NEWELL  
330 BATTERSEA AVE  
PALM BAY, FL 32909

SUBJECT: NEWCO ENTERPRISES, INC. LLC  
Ref. Number: W03000031270

We have received your document for NEWCO ENTERPRISES, INC. LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity cannot include "INC." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

Please return 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) 245-6967.

Michelle Hodges  
Document Specialist

Letter Number: 003A00058391

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: NEWCO ENTERPRISES, LLC.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

330 BATTERSEA AVE  
PALM BAY, FL 32909

ARTICLE III - Registered Agent

The name and street address of the initial registered agent are:

E. JAMES NEWELL  
330 BATTERSEA AVE  
PALM BAY, FL 32909

ARTICLE IV - Management:

(Check the appropriate box)

- The Limited Liability Company is to be a manager-managed company.
- The Limited Liability Company is to be managed by the members.

FILED  
 03 NOV -4 PM 1:46  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

*E. James Newell*

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

E. JAMES NEWELL

Typed or printed name of signee

Filing Fee: \$100.00 for Articles

### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

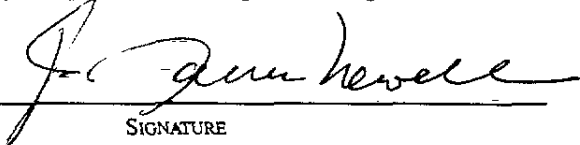
PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: NEWCO ENTERPRISES, LLC

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

E. JAMES NEWELL  
NAME  
330 BATTERSEA AVE  
Florida street address (P.O. Box NOT ACCEPTABLE)  
PALM BAY FL 32909  
CITY, STATE AND ZIP

*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 proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
SIGNATURE

**Filing Fee: \$25 for Designation of Registered Agent**