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EXAMINER



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TALLAHASSES, FLONIS

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: TRW SERVICES LLC. Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
THOMAS WILLIAMS Name of Person
TRW SERVICES LLC Firm/Company
12856 ARROW WOOD DRE
PALM BEACH GARDENS FL 33418
City/State and Zip Code TOMSRECTOY & BELLSOTH & WET E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
THOMAS WILLIAMS at S61 248 5432 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \] \$130.00 Filing Fee & \text{Certified Copy} & \t
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
1285 ARPOW WOODDR PALM BEACH GARDOUS FLORIDA, 33418	12856 ARROW WOOD DR PALM BEACH GARDENS FLORIDA 33418
Phum BEACI GARDUN	ered Agent. You must designate an individual or another egistered agent are:

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, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGR	THOMAS WILLIAMS 12856 ARROW WOOD DR PALM BEACH GARDENS FL 33418
MGRM	12850 APROW WOOD DE
	PALM BEACH GARDENS A 33418
AN 100	
(Use attachment if necessary)	
	ate of filing: SOPT ZOII . (OPTIONAL) specific and cannot be more than five business days prior
to the same of the graph,	

REQUIRED SIGNATURE:

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

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

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)