

L02000032970

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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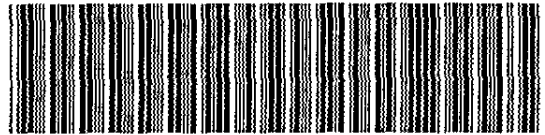
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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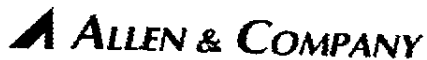


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12/09/02--01083--038 **125.00

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02 DEC -9 PM 12:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



▲ P.O. Box 130167
Tampa, Florida 33681-0167

▲ Phone: (813)281-4644
Fax: (813)289-7748

December 3, 2002

Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dear Sir or Madam:

Please find enclosed the articles of incorporation for AWTa Investments LLC. A check in the amount of \$125.00 is enclosed to pay the cost of the filing fee for articles of incorporation (\$100.00) and designation of registered agent (\$25.00)

The mailing address and street address for AWTa Investments LLC are as follows:

Mailing Address:

P. O. Box 130167
Tampa, FL 33681-0167

Street Address:

6520 Bayshore Blvd.
Tampa, FL 33611

If you have any questions or need additional information, please telephone me.

Very Truly Yours,

Steve Allen

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

AWTA INVESTMENTS LLC

ARTICLE II - Address:

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

Mailing Address: P.O. Box 130167 Street Address: 6520 Bayshore Blvd
Tampa, FL 33681-0167 Tampa, FL 33611

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Benjamin J. Allen
Name
6520 Bayshore Blvd.
Florida street address (P.O. Box NOT acceptable)
Tampa FL 33611
City, State, and Zip

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TALLAHASSEE, FLORIDA

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.

Benjamin J. Allen
Registered Agent's Signature

(An additional article must be added if an effective date is requested)

Steve Allen
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.)

Steve Allen
Typed or printed name of signee

Filing Fees:

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)