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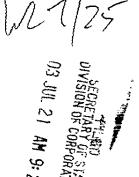
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July 18, 2003

John Weiland 12944 Julington Ridge Dr. E. Jacksonville, Fl. 32258 (904) 880-1245-Home/daytime# (904) 434-8978-Alt #

To Whom It May Concern:

Please accept my enclosed application for formation of a Limited Liability Company in the state of Florida. Should you have any questions or concerns please feel free to contact me at the above #'s. Please process this application as soon as possible, as I am anxious to get started.

Thank You in advance for your prompt handling of this matter.

Kind Regards,

John Weiland

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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations				
SUBJECT: TW Enterprises 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:				
John WeilAND (Name of Person)				
	<u></u>			
12944 Julington Ridge I	DR. E.			
Gacksonville, FL. 32258 (City/State and Zip Code)				
For further information concerning this matter, please call:				
John Weiland (Name of Person)	at (904) 880-1245 (Area Code & Daytime Telephone Number)			
STREET ADDRESS: Registration Section Division of Corporations	MAILING ADDRESS: Registration Section Division of Corporations			

P.O. Box 6327

Tallahassee, Florida 32314

409 E. Gaines Street

Tallahassee, Florida 32399

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: Ju	lEnterprises LLC			
ARTICLE II - Address: The mailing address and street address of the principal of	office of the Limited Liability Company is:			
Principal Office Address:	Mailing Áddress:			
12944 Julington Ridge DR. E. GACKSONVIIIE, FL. 32258	12944 Juling tow Bidge DR. E. AACKSON VILLE, FL. 32258			
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:				
The name and the Florida street address of the registered John Weiland Name	5			
12944 Juli Naton Ridge Florida street address (P.O. Box No.	DR. E. OT acceptable)			
Sacksonville FL. City, State, and Zip'	32258 BYSE			
Having been named as registered agent and to accept selfability company at the place designated in this certifical registered agent and agree to act in this capacity. I furth statutes relating to the proper and complete performance accept the obligations of my position as registered agent	te, I hereby accept the appointment as here agree to comply with the provisions of all of the provisions of the prov			

(CONTINUED)

Registered Agent's Signature

ARTICLE IV- Manager	(s) or Managing Member(s):	
The name and address of o	each Managing Member(s): each Manager or Managing Member is as follows: No MANAGER(s) Associated with Ji Name and Address:	
TheRE ARE	NO MANAGERS ASSOCIATED WITH TO	al totale
Title:	Name and Address:	~ Encerprises
"MGR" = Manager	,	R
"MGRM" = Managing Me	ember . 1 / 4	/20
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NOTE: An additional al	rticle must be added if an effective date is requested.	-
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REQUIRED SIGNATUR	RE:	
		두 울쮸
	11111	~ 號☆
	for all	- SZF
Signatu	are of a member or an authorized representative of a member.	₹ 39,00
(In acco	ordance with section 608.408(3), Florida Statutes, the execution	9 25
of this c	document constitutes an affirmation under the penalties of perjury	23
that the	e facts stated herein are true.)	မ 📆

Filing Fees:

WeilAND
Typed or printed name of signee

\$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)