# L03000047698

(Requestor's Name)		
(Address)		
(Add	lress)	
(City	/State/Zip/Phone	e #)
PICK-UP	MAIT WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	

Office Use Only



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# ' CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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		Art of Inc. File  LTD Partnership File
		Foreign Corp. File
		Merger File  Art. of Amend. File  RA Resignation  Dissolution / Withdrawal
		Annual Report / Reinstatement  Cert. Copy  Photo Copy
		Certificate of Good Standing  Certificate of Status  Certificate of Fictitious Name
		Corp Record Search Officer Search Fictitious Search
Signature		Fictitious Owner Search    Vehicle Search   Driving Record
Requested by: Name	112503 9:35 Date Time	UCC 1 or 3 File  UCC 11 Search  UCC 11 Retrieval
Walk-In	Will Pick Up	Courier

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTI	C	L	E	I	-	N	a	m	e	
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The name of the Limited Liability Company is: LWS, L.L.C.

#### **ARTICLE II - Address:**

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

6956 South Shore Drive, St. Petersburg, FL 33707

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

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

Joseph J	. Nolan
	Name
1674 Williams	burg Square
Florida street address	(P.O. Box NOT acceptable)
Lakeland	FL 33803
City, S	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 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

### Article IV - Management (Check box if applicable.)

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

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

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.)

Barry L. Siewert

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)