| (Requestor's Name) (Address) | 7000248 |
|--|-----------|
| (City/State/Zip/Phone #) | |
| (Business Entity Name) (Document Number) | 11/21/030 |
| Certified Copies Certificates of Status Special Instructions to Filing Officer: | |
| | |

Office Use Only



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TRANSMITTAL LETTER

| TO: Registration Section Division of Corporations | | |
|--|--|--------------------|
| SUBJECT: Warren W. Carlson, LLC | | |
| | Liability Company) | |
| The enclosed Articles of Organization and fee(s) |) are submitted for filing. | |
| Please return all correspondence concerning this | s matter to the following: | |
| Warren W. Carlson | | |
| (Name of Person) | · | . |
| Warren W. Carlson, LLC | | 03 SEC TALL) |
| (Firm/Company) | | 1 0 4 |
| 1218 SE 47th Street #302 (Address) | | OV21 PH 4:00 |
| Cape Coral, FL 33904 (City/State and Zip Code) | · | 4: 00 ORIDA |
| For further information concerning this matter, p | please call: | |
| Warren W. Carlson at (Name of Person) | (239) 945-3705 (Area Code & Daytime Telephone Number) | - |
| STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 | |

Tallahassee, Florida 32314

Tallahassee, Florida 32399 ...

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| The name of the Limited Liability Company is: Warren W. Carlson, 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: |
|---------------------------|-----------------------|
| 1218 SE 47th Street, #302 | 2218 Beach Parkway W. |
| Cape Coral, FL 33904 | Cape Coral, FL 33914 |
| | |

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signatur The name and the Florida street address of the registered agent are: Warren W. Carlson

Name 1218 SE 47th Street, #302 Florida street address (P.O. Box NOT acceptable) Cape Coral

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 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 oftmy position as registered agent as provided for in Chapter 608, F.S.,

(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 | Warren W. Carlson | | |
| | 2218 Beach Parkway W. | | |
| | Cape Coral, FL 33914 | | |
| | | | |
| | | | |
| MGR | Wanda L Carlson | - | |
| | 2218 Beach Parkway W. | · | , |
| | Cape Coral, FL 33914 | | • |
| | | 1. N. S | |
| | | 03 NOV 2 | TERMINA TO |
| | | | |
| (Use attachment if necessary) | | | |
| | ust be added if an effective date is requested. | r: 00 | |
| REQUIRED SIGNATURE: | , | | |
| / I have | · · · · · da. Ox. | _ | |

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

Warren L. Carlson

that the facts stated herein are true.)

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)