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LLC

25.00 due

1003-34706

LO3-49853

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

03 DEC -2 AM 11:02

FILED



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

November 19, 2003

WAYNE LEWIN  
WAYNE LEWIN "LLC"  
P.O. BOX 1394  
ANNA MARIA, FL 34216-1394

SUBJECT: WAYNE LEWIN "LLC"  
Ref. Number: W03000034706

We have received your document for WAYNE LEWIN "LLC" and your check(s) totaling \$100.00. However, the document has not been filed and is being retained in this office for the following:

There is a balance due of \$25.00.

FILING FEE \$100.00, REGISTERED AGENT FILING FEE \$25.00 TOTAL FEE \$125.00

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6918.

Nanette Causseaux  
Document Specialist Supervisor

Letter Number: 503A00062868

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: WAYNE Lewin "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:

WAYNE Lewin  
(Name of Person)

WAYNE Lewin "LLC"  
(Firm/Company)

P.O. Box 1394  
(Address)

ANNA MARIA FL 34216-1394  
(City/State and Zip Code)

For further information concerning this matter, please call:

WAYNE Lewin at (941) 726-8414  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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TALLAHASSEE FLORIDA

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

WAYNE LEWIN "LLC"

**ARTICLE II - Address:**

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

**Principal Office Address:**

317 HARDIN AVE.  
ANNA MARIA FL. 34216

**Mailing Address:**

P.O. Box 1394  
ANNA MARIA FL.  
34216-1394

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

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

WAYNE LEWIN  
Name

317 HARDIN AVE.  
Florida street address (P.O. Box **NOT** acceptable)

ANNA MARIA, FLORIDA 34216  
City, State, and Zip

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*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, Florida Statutes..*

Wayne Lewin  
Registered Agent's Signature

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

"MGR"

WAYNE LEWIN  
P.O. Box 1394  
ANNA MARIA FL. 34216-1394

\_\_\_\_\_

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(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**

Wayne Lewin  
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.)

WAYNE LEWIN  
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)

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TALLAHASSEE FLORIDA