

L03000053459

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

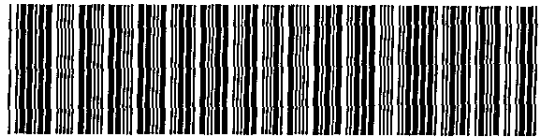
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**Date:** December 5, 2003

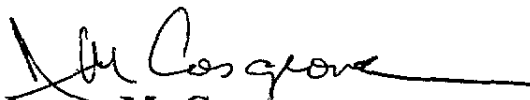
**From:** James Cosgrove  
6824 Altama Road  
Jacksonville, FL 32216  
904-724-5207

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

**Subj:** Cover Letter for LLC

The following information is provided for registration. Please feel free to call if there are any questions. My cell number is 904-534-7672.

Sincerely,

  
James M. Cosgrove

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**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Get To Work-GTW, Ltd. Co.  
(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:

James Cosgrove  
(Name of Person)

Get to Work-GTW, Ltd. Co.  
(Firm/Company)

6824 Altama Road  
(Address)

Jacksonville, FL 32216  
(City/State and Zip Code)

For further information concerning this matter, please call:

James Cosgrove at ( 904 ) 724-5207  
(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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**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Get To Work - GTW, Ltd. Co.

**ARTICLE II - Address:**

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

**Principal Office Address:**

James Cosgrove  
6824 Attama Road  
Jacksonville, FL 32216

**Mailing Address:**

James Cosgrove  
6824 Attama Road  
Jacksonville, FL 32216

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

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

James Cosgrove  
Name  
6824 Attama Road  
Florida street address (P.O. Box **NOT** acceptable)  
Jacksonville, FLORIDA 32216  
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 of my position as registered agent as provided for in Chapter 608, Florida Statutes..*

*James Cosgrove*  
Registered Agent's Signature

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