

L04000001507

Alford Bennett

(Requestor's Name)

9844 Kawai Dr.

(Address)

(Address)

Jell Fla 32311

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

A.W.B. LLC

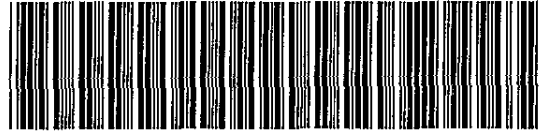
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

A. W. B., LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

9844 Kenai Drive  
Tallahassee, FL 32311

**Mailing Address:**

9844 Kenai Drive  
Tallahassee FL 32311

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

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

Alford Bennett  
Name

9844 Kenai Drive  
Florida street address (P.O. Box NOT acceptable)

Tallahassee FL 32311  
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, F.S..*

Alford Bennett  
Registered Agent's Signature

(CONTINUED)

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**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:**

MGRM

Alford Bennett  
9844 Kamin Rd  
Jess, Ok 32311

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

Alford Bennett  
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.)

Alford Bennett  
Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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