

FEB-02-2004

09:58

SHUFFIELD LOWMAN

P.01  
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**L04000008199**

Florida Department of State  
Division of Corporations  
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**EFFECTIVE DATE**

1-28-04

To:

Division of Corporations  
Fax Number : (850) 205-0383

From:

Account Name : SHUFFIELD LOWMAN  
Account Number : I20030000118  
Phone : (407) 581-9800  
Fax Number : (407) 581-9801

**LIMITED LIABILITY COMPANY**

**WS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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DIVISION OF CORPORATION

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*Handwritten:* 2/2/04

## ARTICLES OF ORGANIZATION

WS, LLC

A Florida Limited Liability Company

EFFECTIVE DATE  
2804

### ARTICLE I NAME

The name of this limited liability company is WS, LLC, referred to in these Articles of Organization as the "Company".

### ARTICLE II MAILING AND STREET ADDRESS

The mailing address of the principal office of the Limited Liability Company is as follows:

4925 RED BRICK RUN  
LAKE FOREST FL 32771

The street address of the principal office of the Limited Liability Company is as follows:

4925 RED BRICK RUN  
LAKE FOREST FL 32771

### ARTICLE III COMMENCEMENT OF COMPANY'S EXISTENCE

In accordance with Section 608.409(1), Florida Statutes, the Company's existence shall be deemed to have commenced at 12:01 a.m. on January 28, 2004, or, if later, at such time and date as is five (5) business days prior to the date on which these Articles of Organization are filed by the Florida Department of State.

### ARTICLE IV REGISTERED AGENT

The address of the initial Registered Office and the Registered Agent at such address are as follows:

Mark Erickson  
4925 RED BRICK RUN  
LAKE FOREST FL 32771

**ARTICLE V  
MANAGEMENT**

The Company shall initially be manager managed. The name and address of the initial manager shall be:

Mark Erickson  
4925 RED BRICK RUN  
LAKE FOREST FL 32771

**ARTICLE VI  
APPLICABLE LAW**

The Company is created pursuant to Chapter 608, Florida Statutes, and shall be governed by the laws of the State of Florida.

**MEMBER:**

  
\_\_\_\_\_  
Mark Erickson, Member

04 FEB -2 PM 3:35  
SECRETARY  
ALLAHASSEE, FL 32909

APPROVED  
AND  
FILED

**CERTIFICATE OF DESIGNATION  
OF  
REGISTERED AGENT AND REGISTERED OFFICE**

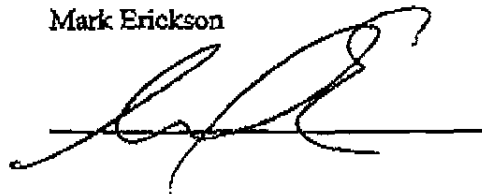
Pursuant to the provisions of Section 608.415 or 608.507, Florida Statutes, the undersigned Limited Liability Company submits the following statement to designate a Registered Office and Registered Agent in the State of Florida.

1. The name of the limited liability company is "WS, LLC".
2. The name and the Florida street address of the Registered Agent are as follows:

Mark Erickson  
4925 RED BRICK RUN  
LAKE FOREST FL 32771

*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 of the Florida Statutes.*

Mark Erickson



SECRET  
CALABASSEE COUNTY

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APP  
AND  
FILE