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TRANSMITTAL LETTER

TO:	Registration Section Division of Corporations CT:EMW ENTERPRISES L.L.C.	
SUBJE	CT. EMW ENTERPRISES L.L.C.	5
SUBJE	(Name of Limited Liability Company)	4
The enc	losed Articles of Organization and fee(s) are submitted for filing.	3
	Please return all correspondence concerning this matter to the following:	110
	ETHEL M. WILLIS	
	(Name of Person)	
	2628 NEWTON AVE. #8	
	(Firm/Company)	
-	(Address)	-
	1	
	FORT MYERS, FL 33901	
	(City/State and Zip Code)	
For furt	her information concerning this matter, please call:	
	Ethel M. Willis at (239) 218-8067	
	(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



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: EMW ENTERPRISES L.L.C.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Compar

2628 Newton Avenue #8	2628 Newton Avenue #8
Fort Myers, FL 33901	Fort Myers, FL 33901

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

ETHEL M	. WILLIS
Nan	me
2628 NEWTC	N AVE. #8
Florida street address (P.O. Box <u>NOT</u> acceptable)
FT. MYERS	_{FL} 33901
City, Stat	e, 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..

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>itle:</u> MGR" = Manager	Name and Address:
MGRM" = Manag	ging Member
"MGR"	Ethel M. Willis
	2628 Newton Avenue #8
	Press of each Manager or Managing Member is as follows: Name and Address:
	-
se attachment if	necessary)
OTE: An additi	ional article must be added if an effective date is requested.
EQUIRED SIG	NATURE:
	Ethelm. Willis
	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.)
	Ethel M. Willis
	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)