# LOU 0000 34824

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000032950370

04/19/04~-01077--013 \*\*125.00

W. 34836



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

April 23, 2004

KAREN NIX 2770 HORSESHOE DR. S. SUITE 7 NAPLES, FL 34104-6147

SUBJECT: SHERWOOD LOTWORKS, LLC

Ref. Number: W04000015848

We have received your document for SHERWOOD LOTWORKS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6020.

Tammi Cline Document Specialist

Letter Number: 104A00027047

# TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: Sherwood LotWorks, 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:
Kaven Nix (Name of Person)
Wittock & ASSOCIATES P.A. (Firm/Company)
2770 Horseshoe Dr. S. Ste#7
(Address)
Naples, FZ 34104-6147 (City/State and Zip Code)
(orginal and the court)
For further information concerning this matter, please call:
(Name of Person) at (239) 434 - 5818 (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

Sherwood LotWorks,	LLC
ARTICLE II - Address:	
	ncipal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
2277 Trade Center Way	2271 Trade Center W.
Naples Fr 34109	2277 Trade Center W. Naples, FL 34109
The name and the Florida street address of the re	Office, & Registered Agent's Signature: egistered agent are:
The name and the Florida street address of the re	egistered agent are:
	egistered agent are: evwood  Center Way
The name and the Florida street address of the re  Davven Shame  Name  2277 Trade  Florida street address (P.O.	egistered agent are: evwood  Center Way

Page 1 of 2 (CONTINUED)

Registered Agent's Signature

agree

# 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 MGRM Davren Sherwood 2277 Trade Center Wanner Naples, F. 34109 WGRM WGRM (Use attachment if necessary) NOTE: An additional article must be added if an effective date is requested. REQUIRED SIGNATURE:

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)

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

Arren Sherwood
Typed or printed name of signee

that the facts stated herein are true.)