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LC05/18/04

LIMITED LIABILITY COMPANY

Willworks LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
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FAX AUDIT # 4040001066713

**ARTICLES OF ORGANIZATION
OF
Willworks LLC**

ARTICLE I NAME

The name of the limited liability company shall be: **Willworks LLC**

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 30 9th Street, Bonita Springs, Florida 34134.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Phillip R. Williams, 30 9th Street, Bonita Springs, Florida 34134. Located in the County of Lee.

ARTICLE IV DURATION

The duration for the limited liability company shall be: 12/31/2044.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Managers and the name and address of the manager of the Limited Liability Company is:

Phillip R. Williams, 30 9th Street, Bonita Springs, Florida 34134

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Business Filings Incorporated, Organizer
Mark Schiff, AVP
Authorized Representative

Prepared by Mark Schiff, Business Filings Incorporated, 8025 Excelsior Dr., Suite 200,
Madison, WI 53717
(608) 827-5300

FAX AUDIT # 4040001066713

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**CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES,
THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE
STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN
DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE
STATE OF FLORIDA.

The name of the limited liability company is: **Willworks LLC**

The name and address of the registered agent and office is: Phillip R. Williams, 30 9th
Street, Bonita Springs, Florida 34134. Located in the County of Lee.

Having been named as registered agent and to accept service of process for the above
stated 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.

Signature: _____

Philip R. Williams

Date: April 30, 2004

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