

L04000039121

2004 MAY 12 P 2:13

SECRETARY OF STATE  
TOLSON

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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LAW OFFICES  
SHULER AND SHULER

34 FOURTH STREET  
POST OFFICE DRAWER 850  
APALACHICOLA, FLORIDA 32329

J. GORDON SHULER  
THOMAS M. SHULER  
—  
OF COUNSEL  
ALFRED O. SHULER

TELEPHONE: (850) 653-9226  
FACSIMILE: (850) 653-3382

FILED  
MAY 12 P 2:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

May 6, 2004

Florida Department of State  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314

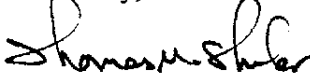
Re: DSW Holdings, LLC

Dear Sir/Madam:

Enclosed you will find the Articles of Incorporation for DSW Holdings, LLC. You will also find a check in the amount of \$125.00 for your filing fee.

Please let me know if you need any additional information.

Sincerely,



Thomas M. Shuler

TMS:mm  
Enc:as Stated  
xc: file

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DSW Holdings, LLC  
(Name of Limited Liability Company)

**FILED**  
2004 MAY 12 P 2:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Thomas M. Shuler  
(Name of Person)

Shuler and Shuler  
(Firm/Company)

P.O. Box 850  
(Address)

Apalachicola, Florida 32329  
(City/State and Zip Code)

For further information concerning this matter, please call:

Thomas M. Shuler at ( 850 ) 653-9226  
(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**

**FILED**  
2004 MAY 12 P 2:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

DSW Holdings, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

233 Water Street

Apalachicola, Florida 32320

**Mailing Address:**

P.O. Box 697

Apalachicola, Florida 32329

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

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

Thomas M. Shuler

Name

34-4th Street

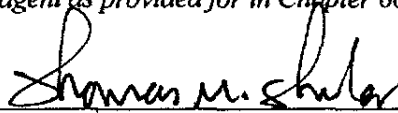
Florida street address (P.O. Box **NOT** acceptable)

Apalachicola

FLORIDA 32320

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, Florida Statutes..*



Registered Agent's Signature

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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

Sid Dumas

864 Wilmington Ct.

Macon, GA 31210

MGRM

Travis Stanley

71 Avenue B

Apalachicola, Florida 32320

MGRM

Olan B. Ward, Sr.

233 Water Street

Apalachicola, Florida 32320

MGRM

Walter M. Ward, Sr

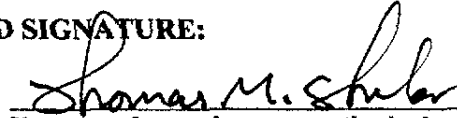
233 Water Street

Apalachicola, Florida 32320

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**



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.)

Thomas M. Shuler

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)