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DIVISION OF CORPORATION

## LIMITED LIABILITY COMPANY

W-W Lovett, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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TALLAHASSEE, FLORIDA

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FAX AUDIT # 11040001222003

**ARTICLES OF ORGANIZATION  
OF  
W-W Lovett, LLC**

**ARTICLE I NAME**

The name of the limited liability company shall be: W-W Lovett, LLC

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this Limited Liability Company shall be: 15444 Sears Rd., Jacksonville, Florida 32218.

**ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS**

The name and address of the initial registered agent is: Wendell Lovett, 15444 Sears Rd., Jacksonville, Florida 32218. Located in the County of Duval.


**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:

Wendell Lovett, 15444 Sears Rd., Jacksonville, Florida 32218

  
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

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FAX AUDIT # 1070001222002

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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: **W-W Lovett, LLC**

The name and address of the registered agent and office is: Wendell Lovett, 15444 Sears  
Rd., Jacksonville, Florida 32218. Located in the County of Duval.

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: Wendell Lovett  
Wendell Lovett

Date: May 21, 2004

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TALLAHASSEE, FLORIDA

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