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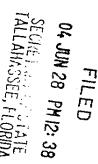
(Requestor's Name)	
	_
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(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	_
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	٦
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Office Use Only



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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Philwick LLC	
(Name of	Limited Liability Company)
The enclosed Articles of Organization and fee(s	s) are submitted for filing.
Please return all corres	pondence concerning this matter to the following:
James A. vant	leuven
•	(Name of Person)
Phil wich	(Firm/Company)
	(Firm/Company)
2238 Blue H	
	(Address)
Vero Beach,	Florida 32960
	(City/State and Zip Code)
For further information concerning this matter, Philip T Nelsen	
(Name of Person)	(Area Code & Daytime Telephone Number)
	V 28 ASSE
	at (419) 479-6181 (Area Code & Daytime Telephone Number) ARCH SEE FLORIDA ARCH S
	LORMIN DE LORMIN
STREET ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
409 E. Gaines Street Tallahassee, Florida 32399	P.O. Box 6327 Tallahassee, Florida 32314
•	
ENCLOSED 15 "	\$130 for:
F1/1	NG FEE GNATION OF AGENT
DESI	IFICATE OF STATUS
CERT	IFICATE OF SIATES

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	ity Company is:
Philwick LLC	
ARTICLE II - Address: The mailing address and street a	address of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2238 Blue Heron Lane	2238 Blue Heron Lane
Vero Beach, Florida 32960	Vero Beach, Florida 32960
	gent, Registered Office, & Registered Agent's Signature: address of the registered agent are:
	Name 2238 Blue Heron Lane a street address (P.O. Box NOT acceptable) Vero Beach, FLORIDA 32960 ALCAL AND TO SEE STATE OF THE STATE O
_	Name ASS
	2238 Blue Heron Lane street address (P.O. Box NOT acceptable)
Florida	a street address (P.O. Box NOT acceptable)
	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

Page 1 of 2 (CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGRM	Wichard A. J. van Heuven
	700 E. Hildebrand Ave.
	San Antonio, TX 78212
MGRM	Aragorn Ltd. (Philip Nelsen, Member of Aragorn)
	27902 White Rd
	Perrysburg, OH 43551
	-4.0
	ALL ALL
	ASS
(Use attachment if necessary)	
(Ose attachment if necessary)	
	PM 12: 38 E, Florid E, Florid
NOTE: An additional article must be	added if an effective date is requested.
REOUTRED SIGNATURE:	
REQUIRED SIGNATURE:	lantfemme.
Signature of a member or an au	thorized representative of a member.
	408(3), Florida Statutes, the execution ffirmation under the penalties of perjury e.)
— Wichard A. I. van He Typed or prii	nted 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)