

L04/000053320

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TALLAHASSEE, FLORIDA

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MAIL

(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

W04-25-684

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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

July 6, 2004

AILEEN RUBINSON  
4315 AEGEAN DR. 204C  
TAMPA, FL 33611

SUBJECT: A S W LIMITED LLC  
Ref. Number: W04000025684

We have received your document for A S W LIMITED 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 name of the entity cannot include "LIMITED." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

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) 245-6094.

Agnes Lunt  
Document Specialist

Letter Number: 904A00043332

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JUL 15 P 3 07  
TAMPA

TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ASW Limited LLC  
(Name of Limited Liability Company)

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DEPT. OF REVENUE  
TALLAHASSEE, FLORIDA

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

Please return all correspondence concerning this matter to the following:

Aileen Rubinson  
(Name of Person)

ASW Limited LLC  
(Firm/Company)

4315 AEGEAN DR 204C  
(Address)

Tampa, FL 33611  
(City/State and Zip Code)

For further information concerning this matter, please call:

Aileen Rubinson at ( 413 ) 837-4614  
(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**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

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JECASW. L.L.C.  
TALLAHASSEE, FLORIDA

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**ARTICLE II - Address:**

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

**Principal Office Address:**

**Mailing Address:**

4315 AEGEAN DR. 204C  
TAMPA, FL 33611

4315 AEGEAN DR. 204C  
TAMPA, FL 33611

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

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

Aileen Robinson  
Name

4315 AEGEAN DR. 204C  
Florida street address (P.O. Box **NOT** acceptable)

TAMPA FL 33611  
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, F.S..*

Aileen Robinson  
Registered Agent's Signature

(CONTINUED)

**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:**

MGR

Aileen Robinson  
4315 AEGEAN DR 204C  
TAMPA, FL 33611

MGRM

Steve Odell  
4013 Fielder St  
Tampa, FL 33611

MGRM

Wayne Odell  
2718 W. Lelia  
Tampa, FL 33611

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

Aileen Robinson  
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.)

Aileen Robinson  
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)