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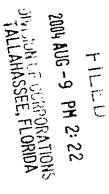
(Requestor's Name)		
(Address)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
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TRANSMITTAL LETTER

Division of Corporations	
SUBJECT: The Woods Group LLC	
(Name of Limited Liability Company)	
The enclosed Articles of Organization and fee(s) are submitted for filing.	July Park
Please return all correspondence concerning this matter to the following:	THE TOP RESERVED TO THE PARTY OF THE PARTY O
Steven A. Woods Jr.	A POST
(Name of Person)	- 86
Thw Woods Group LLC	- SEE HOMO
(Firm/Company)	DE S
930 NW 202 St	
(Address)	
Miami Florida 33169	•
(City/State and Zip Code)	····
For further information concerning this matter, please call:	
Steven A. Woods Jr. at (305) 493 2476	
(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

· · · · · ·	ORGANIZATION OR
_	JABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is: The Woods Group LLC	ORGANIZATION OR JABILITY COMPANY incipal office of the Limited Liability Company is:
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
The Woods Group LLC	The Woods Group LLC
930 NW 202 St	930 NW 202 St
Miami Florida 33169	Miami Florida 33169
ARTICLE III - Registered Agent, Registered The name and the Florida street address of the re	
Steven A. Woods Jr.	
Name	
930 NW 202 St	
Florida street address (P.O	Box NOT acceptable)
Miami City, State, a	FLORIDA 33169

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: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	The Sections of the Control of the C
MGRM	Steven A. Woods Jr. 930 NW 202 St Mlami Florida 33169	
		All the second s
	This LLC is a member managed LLC	
(Use attachment if necessary)		
NOTE: An additional article must	be added if an effective date is request	ed.
REQUIRED SIGNATURE:) och	
(In accordance with section 6	08.408(3), Florida Statutes, the execution in affirmation under the penalties of perjury etrue.)	
Steven A. O 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)