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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS

LIMITED LIABILITY COMPANY

CWO Tech. LLC

Certificate of Status	0
Certified Copy	1
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FAX AUDIT # 1040002001453

**ARTICLES OF ORGANIZATION
OF
CWO Tech. LLC**

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TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the limited liability company shall be: **CWO Tech. LLC**

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 9110 Hidden Water Circle, Riverview, Florida 33569.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Ethel Williams, 1805 Dunbar Street, Bartow, Florida 33830. Located in the County of Polk.


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 Members and the name and address of the member of the Limited Liability Company is:

Clarence Williams, 9110 Hidden Water Circle, Riverview, Florida 33569


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

FAX AUDIT # 1040002001453

**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: **CWO Tech. LLC**

The name and address of the registered agent and office is: Ethel Williams, 1805 Dunbar Street, Bartow, Florida 33830. Located in the County of Polk.

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:

Ethel Williams
Ethel Williams

Date: October 4, 2004

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TALLAHASSEE, FLORIDA

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4040002001453