

# L04000076735

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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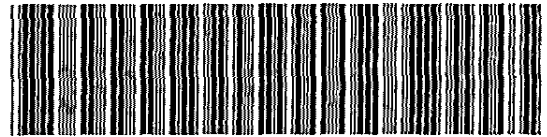
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2004 OCT 21 P 2:40

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BRUCE PAUL ZAVON  
Attorney at Law  
bruce@lawofficeof.bz

St. Augustine Office  
18 Ocean Drive  
St. Augustine FL 32080  
(904) 471-0319  
(904) 471-8029 Fax

Seattle Office  
1325 4th Ave. # 940  
Seattle WA 98101  
(206) 778-3047 Cell  
(206) 624-0717 Fax

October 19, 2004

Florida Department of State  
Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee FL 32399

Dear Division of Corporations:

Enclosed are two copies of the Articles of Organization for UWCP LLC, together with a check in the amount of \$125.00. Please stamp and return one copy for my files; a self addressed envelope is enclosed.

Very Truly,

Bruce Paul Zavon

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TALLAHASSEE, FLORIDA

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** UWCP LLC  
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

Bruce Paul Zavon  
(Name of Person)

Attorney at Law  
(Firm/Company)

18 Ocean Drive  
(Address)

St. Augustine FL 32080  
(City/State and Zip Code)

For further information concerning this matter, please call:

Bruce Paul Zavon at ( 904 ) 471-0319  
(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

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TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

UWCP LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

18 Ocean Drive

St. Augustine FL 32080

**Mailing Address:**

18 Ocean Drive

St. Augustine FL 32080

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

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

Bruce Paul Zavon, Attorney

Name

18 Ocean Drive

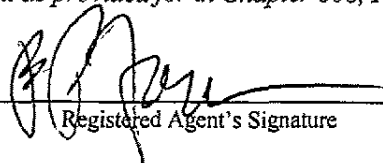
Florida street address (P.O. Box **NOT** acceptable)

St. Augustine

FLORIDA 32080

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

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

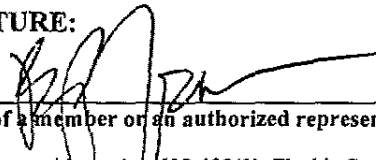
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	<u>Name and Address:</u>
"MGR" = Manager	
"MGRM" = Managing Member	
<u>MGRM</u>	<u>Bruce Paul Zavon</u>
	<u>18 Ocean Drive</u>
	<u>St. Augustine FL 32080</u>
<u>MGRM</u>	<u>Ryan Canon</u>
	<u>1340 NE Parvin Road #304</u>
	<u>Kansas City MO 64116</u>
<u>MGRM</u>	<u>Richard Perry</u>
	<u>12678 Green Circle</u>
	<u>Broomfield CO 80020</u>

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
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.)  
Bruce Paul Zavon  
\_\_\_\_\_  
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)

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TALLAHASSEE, FLORIDA

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