## L040000 90 146

| (Re                     | questor's Name)    |           |
|-------------------------|--------------------|-----------|
| (Ad                     | dress)             |           |
|                         |                    |           |
| (Ad                     | dress)             |           |
| (Cit                    | ty/State/Zip/Phone | #)        |
| PICK-UP                 | ☐ WAIT             | MAIL      |
| (Bu                     | siness Entity Nam  | e)        |
|                         | ocument Number)    |           |
| )<br>July               | cument Number)     |           |
| Certified Copies        | _ Certificates     | of Status |
| Special Instructions to | Filing Officer:    |           |
|                         |                    |           |
|                         |                    |           |
|                         |                    |           |
|                         |                    | ,         |
|                         |                    | 12/4/     |
|                         | Office Hea Only    | (1118)    |



600043202426

12/08/04--01015--018 \*\*155.00

04 DEC -8 PH 1: 3:

## TRANSMITTAL LETTER

|           | Registration Section Division of Corporations   |              |                |   |
|-----------|---|--------------|----------------|---|
| SUBJEC    |   |              |                |   |
|           | (Name of Limited Liability Company)   |              |                |   |
| The encl  | osed Articles of Organization and fee(s) are submitted for filing.  |              |                |   |
|           | Please return all correspondence concerning this matter to the following:   |              |                |   |
|           | WILLIAM D. LEWIS  | _            |                |   |
|           | (Name of Person)  |              |                |   |
|           | LEWIS SERVICES LLC  |              |                |   |
|           | (Firm/Company)  |              |                |   |
| _         | 836 FLOYD STREET (Address)  |              |                |   |
|           | (Padacos)   |              |                |   |
|           | GREEN COVE SPRINGS, FL. 32043   | <del>-</del> |                |   |
|           | (City/State and Zip Code)   |              |                |   |
| For furth | er information concerning this matter, please call:   |              |                |   |
|           | WILLIAM D. LEWIS at ( 904 ) 502-2327  |              |                |   |
|           | (Name of Person) (Area Code & Daytime Telephone Number)   |              |                |   |
|           |   |              | 030 40         | I deserved  |
|           | STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399  MAILING ADDRESS: Registration Section Division of Corporations Pivision of Corporations P.O. Box 6327 Tallahassee, Florida 32314 | ACD ASSETTED | .C -8 PH 1: 39 | 12 (25 m)<br>12 (25 m)<br>12 (25 m)<br>12 (25 m)<br>14 (25 m)<br>14 (25 m)<br>14 (25 m) |

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| L  | EWIS SERVICES LLC   |   |  |   |
|--|---|---|--|---|
| ARTICLE II - Ad<br>The mailing address   | ddress: as and street address of the princ  | cipal office of the Limited Lia   | bility Co                              | mpany   |
| Principal Office A   | Address:  | Mailing Address:  |  |   |
| 836 FLOYD STREE  | T   | (SAME)  | <del></del>                            |   |
| GREEN COVE SPR   | INGS, FL. 32043   |   |  |   |
|  |   |   |  |   |
|  |   |   |  |   |
|  |   |   |  |   |
|  | egistered Agent, Registered C   |   | Signatu                                | re:   |
|  | egistered Agent, Registered Of Florida street address of the reg  |   | Signatu                                | re:   |
|  | 0 , 0   | istered agent are:  | Signatu                                | re:   |
|  | Florida street address of the reg   | istered agent are:  | Signatu                                | re:   |
|  | Florida street address of the reg<br>WILLIAM D. LE  | istered agent are:  | Signatu                                | re:   |
|  | Florida street address of the reg  WILLIAM D. LE  Name  | istered agent are: :WIS STREET  | Signatu                                | re:   |
|  | Florida street address of the reg  WILLIAM D. LE  Name  836 FLOYD   | istered agent are:  WIS  STREET  Box NOT acceptable)  | Signatu                                | <b>re:</b> 04   |
|  | Florida street address of the reg  WILLIAM D. LE  Name  836 FLOYD  Florida street address (P.O. I   | istered agent are:  WIS  STREET  Box NOT acceptable)  FLORIDA 32043   | Signatu                                | <b>e:</b> 04 0EC                                      |
| The name and the in the interest of the name and the interest of the place designance of the place of th | Florida street address of the reg  WILLIAM D. LE  Name  836 FLOYD  Florida street address (P.O. I  GREEN COVE SPRINGS  City, State, and istered agent and to accept service mated in this certificate, I hereby   | istered agent are:  SWIS  STREET  Box NOT acceptable)  FLORIDA 32043  Zip  ce of process for the above state accept the appointment as reg  | ed limited                             | 04 DEC<br>Uliabili<br>gent an                         |
| The name and the good the good the good the good the place design of the place design of the capacity.   | WILLIAM D. LE  Name  836 FLOYD  Florida street address (P.O. I  GREEN COVE SPRINGS  City, State, and istered agent and to accept service mated in this certificate, I hereby I further agree to comply with the service of the service | istered agent are:  SWIS  STREET  Box NOT acceptable)  FLORIDA 32043  Zip  re of process for the above state accept the appointment as reg the provisions of all statutes rel                                     | ed limited<br>istered ag<br>ating to t | 04 CEC<br>I liebili<br>gent ar<br>he <del>Pi</del> oj |
| The name and the in the interpretation in the place design to act in this capacity. The property is a support to the performance in the capacity is a support to the performance in the capacity is a support to the performance in the capacity is a support to the performance in the capacity is a support to the performance in the capacity is a support to the capacity in the capacity in the capacity is a support to the capacity in the capacity in the capacity in the capacity is a support to the capacity in the | Florida street address of the reg  WILLIAM D. LE  Name  836 FLOYD  Florida street address (P.O. I  GREEN COVE SPRINGS  City, State, and istered agent and to accept service mated in this certificate, I hereby   | istered agent are:  WIS  STREET  Box NOT acceptable)  FLORIDA 32043  Zip  The ef process for the above state accept the appointment as regular the provisions of all statutes relivith and accept the obligations | ed limited<br>istered ag<br>ating to t | 04 CEC<br>I liebili<br>gent ar<br>he <del>Pi</del> oj |

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      |   |                                       |          |                 |
| MGR                           | WILLIAM D. LEWIS                                      |                                       |          |                 |
|                               | 836 FLOYD STREET                                      |                                       |          |                 |
|                               | GREEN COVE SPRINGS, FL. 32043                         |                                       |          |                 |
| MGRM                          | ROBERT J. LEWIS                                       |                                       |          |                 |
|                               | 836 FLOYD STREET                                      |                                       |          |                 |
|                               | GREEN COVE SPRINGS, FL. 32043                         |                                       |          |                 |
|                               |   |                                       |          |                 |
|                               |   |                                       |          |                 |
|                               |   |                                       | •        |                 |
|                               |   |                                       | _        |                 |
|                               |   |                                       |          |                 |
| (Use attachment if necessary) |   |                                       |          |                 |
| (Osc attachment if necessary) |   |                                       |          |                 |
|                               |   |                                       |          |                 |
| NOTE: An additional article   | must be added if an effective date is reques          | ted.                                  |          |                 |
|                               | ·   | F #A                                  |          |                 |
| REQUIRED SIGNATURE://         | , 11 /  | Éŕ                                    | 40       |                 |
|                               |   | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | , DEC    | ******          |
| Would                         | 1. Mun  |                                       |          | વ્યાં<br>****** |
| Signature of a member         | er or an authorized representative of a member.       | $\mathcal{E}_{\mathcal{E}}$           | 1<br>(3) |                 |
| (In accordance with se        | ection 608.408(3), Florida Statutes, the execution    | [7]                                   | 70       | - ALA-10        |
|                               | titutes an affirmation under the penalties of perjury | · · · · ·                             |          | 4 4             |
| that the facts stated he      |   | (T)                                   | သု       | T               |
| W. Ilian                      | n D. Lewis  | ÷.                                    | ယ္       |                 |
| T                             | yped or printed name of signee                        | ;·`                                   | ليبب     |                 |

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)