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TRANSMITTAL LETTER

TO: Registration Section Division of Corporat	ions Tile woo	d. Romodalii a	
SUBJECT: <u>S on</u>	n's T- W- (Name of Limited	Ramodaling RLC Liability Company)	
The enclosed Articles of Orga	nization and fee(s) are su	omitted for filing.	
Please return all corresponden	ace concerning this matter	to the following:	
Elah	eh Parvi	arne of Person)	
Jam's	1.W.R	irm/Company)	
8550	charring	Con Corest (Address)	
Tai	llahags ee	FC 323/2	2
For further information concer	rning this matter, please ca	ા	
E-Parvin or (Name of Per	H- Samea s	at (<u>850</u>) <u>264</u> - (Area Code & Daytime Tel	3077 OV 284-8803 Tephone Number)
Enclosed is a check for the	following amount:		
-	\$130.00 Filing Fee & tificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
STREET A Registration Division of 0 409 E. Gaine Tallahassee,	Section Corporations	MAILING AI Registration Se Division of Co P.O. Box 6327 Tallahassee, FI	ection rporations

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Sam's T. W. R LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

8550 charcington forest

Fall Ft 323/2

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

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

Nome

8550 Charring

Florida street address (P.O. Box NOT acceptable

City State and Zin

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..

Registered Agent's Signature

(CONTINUED)

Page 1 of 2

SECRETARY STORAGE

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

<u>Fitle:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
Elabel Parvin	Falu Pl 31 31
	A all PC SI SIL
(Use attachment if necessary) NOTE: An additional article must be	e added if an effective date is requested.
REQUIRED SIGNATURE:	
(In accordance with section	on 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury
	d or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)