L050	0007179		
(Requestor's Name) (Address) (Address)	900043793109		
(City/State/Zip/Phone #) PICK-UP WAIT (Business Entify Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer: WMW Office Use Only	01/13/0501047019 **130.00 SECRETARY CCT STATE VALLAHASSEE, FLGRETA		

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations

_ _ _ · · ·

• •

SUBJECT:	WILLIE	WOODS	LLC					
		(Nam	e of Li	imited Liab	oility	Compa	ıy)	

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

Please return all correspondence concerning this matter to the following:

_
F
0

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

.*

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

WILLIE WOODS 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:
108 B Azalea Drive	<u>P. O. Box 1842</u>
Eglin AFB. Fl 32542	Crestview, Ft 32536
ARTICLE III - Registered Agent, Registered Office, The name and the Florida street address of the registered 	T acceptable)
City, State, and Zip	DRIDA 33542

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:

<u>Title:</u> "MGR" = Manag	er	Name and Address:	
"MGRM" = Man			
"MGR"		willie woods	
······································		108 B Azalea Drive	
		Eglin AFB, Fl. 3	2542
"MGRM"		Robert L. King	
		108 B Azalea Drive	,
		Eglin AFB, FL	32542
"MGRM"		Jermaine Stephens	
		108 N. Azalea Drive	F
		Eglin AFB, El	32542
			· · · · · · · · · · · · · · · · · · ·
(Use attachment	if necessary)		
ARTICLE V:	EFFECTIVE DATE:	JANUARY 12, 2005	2005 TALL
NOTE: An add	litional article must be	added if an effective date is re	JAN 13 PM 3: 46 RETARY OF STATE AND SSEE, FLORIDA
REQUIRED SI	GNATURE:	×	RY C
/	millie 1	loon	FL
Sign	ature of a member or an au	ithorized representative of a member	
of th	accordance with section 608. his document constitutes an a the facts stated herein are tru	408(3), Florida Statutes, the execution ffirmation under the penalties of perju	ł
	WILLIE WOODS		

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)

ł