## W5000024326

(Requestor's Name)			
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
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Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

March 11, 2005

To whom it may concern:

Please find enclosed my Articles of Organization for my limited liability company to be known as "ASW Group LLC". I am the sole managing member. My contact information is as follows:

Mark Jalali 187 Glen Eagle Circle Naples, FL 34104 mrkjalali@aol.com 239-348-2340

Thank-you.

Best Regards,

Mark Jalali

## TRANSMITTAL LETTER

TO: Registration Se Division of Cor			
SUBJECT: ASW Gro		Liability Company)	
	(		
The enclosed Articles of	Organization and fee(s) are su	ibmitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
Mark Jal			
	4)	lame of Person)	
	(F	irm/Company)	
187 Glen Ea	agle Circle		
		(Address)	
Naple	es, FL 34104		
		State and Zip Code)	
For further information	concerning this matter, please of	call:	
Mark Jalali		at (_239) 348-2340	
(Name	of Person)	(Area Code & Daytime Te	elephone Number)
Enclosed is a check for	r the following amount:		
☐ \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
STREET ADDRESS:		MAILING A	DDRESS:

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

MICEES OF ORGANIZATION FOR TE	OTHER LINE ENGINEER CONTRACT
ARTICLE I - Name: The name of the Limited Liability Company is:	
ASW Group LLC	<u></u>
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
187 Glen Eagle Circle	187 Glen Eagle Circle
Naples, FL 34104	Naples, FL 34104
Mark Jalali Name  187 Glen Eagle Circle  Florida street add	ress (P.O. Box <u>NOT</u> acceptable)
Naples, FL 34104	<u>FL</u> ,
City, State, a	nd Zip
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	accept service of process for the above stated limited his certificate, I hereby accept the appointment as v. I further agree to comply with the provisions of all rformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S

(CONTINUED)

Page 1 of 2

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" = Manager "MGRM" = Managing Member	Name and Address:
	h K _ al.
MGRM	Mark Jalali
	187 Glen Eagle Circle
	Naples, FL 34104
<del></del>	
	· · · · · · · · · · · · · · · · · · ·
(Use attachment if necessary)	
NOTE: An additional article mu	st be added if an effective date is requested.
REQUIRED SIGNATURE:	
	7 / ,
	1/h 1
Signature of a mem	her or an authorized representative of a member.
	To the state of th
(In accordance with of this document corthat the facts state	section 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury d herein are true.)
Mark Jalali	
	Typed 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)