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T. Brumbley APR 1 2005

TRANSMITTAL LETTER

TO: Registration Se Division of Co	ction rporations	· · · · · · · · · · · · · · · · · · ·	. <u> </u>	
SUBJECT:	Name of Limited) Marketi'd Liability Company)	ry, LLC	
	Organization and fee(s) are so			
	Jer	Name of Person)	che 1/	-
	(Firm/Company)		۰ مد
	400 5.	Palmetto Au (Address)	e,	
	Daytona (City)	Seach, FL. (State and Zip Code)	32 11 4 TALLATILES EE, HLORIDA PH 12: 18	FILE
	concerning this matter, please	call:	H 12: 18	
(Name	of Person)	at (386) 252 (Area Code & Daytime Te	elephone Number)	-
Enclosed is a check for	or 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		

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:	
NAWI	Marketing, LLC
ARTICLE II - Address: The mailing address and street address of the prin	cipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
New Sonyma Beach, FC 32169	6640 Turtemound Rd; New Songma Beach, FL 32169
ARTICLE III - Registered Agent, Registered C	Office, & Registered Agent's Signature:
The name and the Florida street address of the reg	ristered agent are:
Jerene	metto Are. ss (P.O. Box NOT acceptable)
406 5 Call Florida street addre Daykon Reach	ss (P.O. Box NOT acceptable) FL 32114
City, State, and	I Zip
liability company at the place designated in this registered agent and agree to act in this capacity. statutes relating to the proper and complete performance.	cept service of process for the above stated limited s certificate, I hereby accept the appointment as I further agree to comply with the provisions of all ormance of my duties, and I am familiar with and reed 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:			
MGR	CRAig & Sarah Neal, Jointly 6640 Turthmound Rd. New Smyrna Beach, FG 32169			
MGRM WAR NAME OF THE PARTY OF T	Wenford Trevocable Trust 2004/ EIN # 23-6345817 1165 Laice Bluff Dr. Little Elm TX 75068 Attn: Greg Wonford, Trustee			
(Use attachment if necessary)				
•	e added if an effective date is requested.			
REQUIRED SIGNATURE:	e added if an effective date is requested.			
of this document constitu- that the facts stated here				
Type	d or printed name of signce Representative			
Filing Fees:	Representative			

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)