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Florida Department of State  
Division of Corporations  
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Electronic Filing Cover Sheet

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MJH

To:  
Division of Corporations  
Fax Number : (850)205-0383

From:  
Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.  
Account Number : 075350000353  
Phone : (212)431-5000  
Fax Number : (212)431-1441

LIMITED LIABILITY COMPANY

AIW INVESTMENTS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

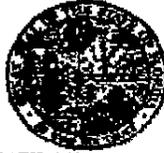
05 MAY -3 PM 12:09

FILED

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Corporate Filing

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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

May 3, 2005

BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

SUBJECT: AIW INVESTMENTS, LLC  
REF: W05000022194

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

You must insert the letters "MGRM" in the block above the name and address of each managing member and/or the letters "MGR" in the block above the name and address of each manager listed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Michelle Hodges  
Document Specialist

FAX Aud. #: H05000111687  
Letter Number: 305A00031395

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DIVISION OF CORPORATIONS

FILED  
05 MAY - 3 PM 12:09  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

H05000 1116873

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

AW INVESTMENTS, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

2029 COUNTRY CLUB DR.  
PORT ORANGE, FL 32128

**Mailing Address:**

SAME AS PRINCIPAL OFFICE ADDRESS

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

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

J. MICHAEL PANCZYSZYN

Name

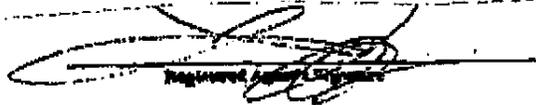
2029 COUNTRY CLUB DR.

Florida street address (P.O. Box **NOT** acceptable)

PORT ORANGE FL 32128

City, State, and Zip

*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 Signature

(CONTINUED)

Page 1 of 2

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BLUMBERGEXCELSIOR  
62 WHITE ST  
NEW YORK, NY 10013

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**ARTICLE IV- Manager(s) or Managing Member(s):**

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

**Title:**

"MGR" = Manager  
"MGRM" = Managing Member

**Name and Address:**

MEMBER

MLSS ENTERPRISES FAMILY LIMITED PARTNERSHIP  
2028 COUNTRY CLUB DR.  
PORT ORANGE, FL 32128

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(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

MLSS ENTERPRISES FAMILY LIMITED PARTNERSHIP, MGRM

J. MICHAEL PANCZYNSKI, GENERAL PARTNER

**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)

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