## L05000043997

| (Requestor's Name)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |   |  |  |  |
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| (Address)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |   |  |  |  |
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| (City/State/Zip/Phone #)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |   |  |  |  |
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| PICK-UP WAIT MAIL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |  |  |  |
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| (Business Entity Name)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |   |  |  |  |
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| Certified Copies Certificates of Status                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | _ |  |  |  |
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| Special Instructions to Filing Officer:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |   |  |  |  |
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| Office Use Only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |   |  |  |  |
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04/29/05--01015--006 \*\*125.00

## TRANSMITTAL LETTER

| TO: Registration Division o                                   | n Section<br>f Corporations        |                                              | April 27, 2005                                                                                     |
|---------------------------------------------------------------|------------------------------------|----------------------------------------------|----------------------------------------------------------------------------------------------------|
|                                                               | 11.0                               |                                              |                                                                                                    |
| SUBJECT: EDW                                                  |                                    | ed Liability Company)                        |                                                                                                    |
| The englaced Audia                                            | as as Open ignation and space) are | auhanittad for filing                        |                                                                                                    |
|                                                               | es of Organization and fee(s) are  |                                              |                                                                                                    |
| r jease return an cos                                         | respondence concerning this mat    | er to the following.                         |                                                                                                    |
| Debi                                                          | oie Boyce                          | <u></u>                                      |                                                                                                    |
|                                                               |                                    | (Name of Person)                             |                                                                                                    |
| N = t \$6.0 1 i                                               | 110                                |                                              |                                                                                                    |
| Hershoff & Lupin                                              | 10, LLP                            | (Firm/Company)                               | <del></del>                                                                                        |
|                                                               |                                    |                                              |                                                                                                    |
| 90130 (                                                       | Dld Highway                        |                                              |                                                                                                    |
| <del> </del>                                                  |                                    | (Address)                                    | <del></del>                                                                                        |
|                                                               |                                    |                                              |                                                                                                    |
| Ţ                                                             | avernier, Florida 33070            |                                              | <del></del>                                                                                        |
|                                                               | (Cit                               | y/State and Zip Code)                        |                                                                                                    |
| For further informa                                           | tion concerning this matter, pleas | e call:                                      |                                                                                                    |
| Debbie Boyce                                                  |                                    | at ( 305 ) 852-8440                          |                                                                                                    |
|                                                               | iame of Person)                    | (Area Code & Daytime Te                      | elephone Number.)                                                                                  |
| Enclosed is a chec                                            | ck for the following amount:       |                                              |                                                                                                    |
| \$ \$125.00 Filing                                            | Fee                                | Certified Copy (additional copy is enclosed) | \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
| STREET ADDRESS: Registration Section Division of Corporations |                                    | MAILING A                                    |                                                                                                    |
|                                                               |                                    | Registration S<br>Division of Co             | orporations                                                                                        |
| 409 E. Gaines Street<br>Tallahassee, Florida 32399            |                                    | P.O. Box 632<br>Tallahassee, F               |                                                                                                    |

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| EDW, LLC                       |                                                      |                                                                                 |
|--------------------------------|------------------------------------------------------|---------------------------------------------------------------------------------|
| ARTICLE II -<br>The mailing ad |                                                      | of the principal office of the Limited Liability Company is:                    |
| Principal Office Address:      |                                                      | Mailing Address:                                                                |
| 101631 Oversea                 | as Highway                                           | P.O. Box 1091                                                                   |
| Key Largo, Florida 33037       |                                                      | Key Largo, Florida 33037                                                        |
| The name and                   |                                                      | ss of the registered agent are:                                                 |
| The name and                   | the Florida street addres<br>Edward G. Webb          | Name                                                                            |
| The name and t                 | Edward G. Webb<br>101631 Overseas Hi                 | Name                                                                            |
| The name and                   | Edward G. Webb<br>101631 Overseas Hi                 | Name                                                                            |
| The name and                   | Edward G. Webb  101631 Overseas Hi Florida Key Largo | Name<br>ighway<br>a street address (P.O. Box <u>NOT</u> acceptable)<br>FL 33037 |
| The name and                   | Edward G. Webb  101631 Overseas Hi Florida Key Largo | Name<br>ighway<br>a street address (P.O. Box <u>NOT</u> acceptable)             |

(CONTINUED)

Registered Agent's Signature

## 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:        |  |  |  |
| MGRM                                                                         | Edward G. Webb           |  |  |  |
|                                                                              | P.O. Box `1091           |  |  |  |
|                                                                              | Key Largo, Florida 33037 |  |  |  |
| MGRM                                                                         | Donna R. Webb            |  |  |  |
|                                                                              | P.O. Box 1091            |  |  |  |
|                                                                              | Key Largo, Florida 33037 |  |  |  |
|                                                                              |                          |  |  |  |
|                                                                              |                          |  |  |  |
|                                                                              |                          |  |  |  |
| (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.)

EDWARD G. WEBB

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)