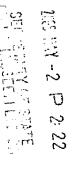
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TRANSMITTAL LETTER

Registration Section

TO:

Division of Corporations
SUBJECT: WILLIAM E OWENS LLC
(Name of Limited Liability Company)
The analysis Articles of Organization and foc/s) are submitted for filing
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
WILLIAM E OWENS (Name of Person)
(Marine of Felson)
WILLIAM E OWENS LLC
(Firm/Company)
6597 FISHERMANS LANE
(Address)
LAUREL HILL, FL 32567
(City/State and Zip Code)
For further information concerning this matter, please call:
WILLIAM E. OMENG4 050 000 4720
WILLIAM E. OWENS at 850-689-1730 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee X \$130.00 Filing Fee \$155.00 Filing Fee \$160.00 Filing Fee, & Certificate of Status & Certified Copy Certificate of Status &
(additional copy is enclosed) Certified Copy
(additional copy is enclosed)
STREET ADDRESS: MAILING ADDRESS:
Registration Section Registration Section
Division of Corporations Division of Corporations 409 E. Gaines Street P.O. Box 6327
Tallahassee, Florida 32399 Tallahassee, Florida 32314
22

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Liability Company is:				
WILLIAM E OWENS LLC				
	<u> </u>			
ARTICLE II - Address:				
· · · · · · · · · · · · · · · · · · ·	e principal office of the Limited Liability Company is:			
	principal cinic of the Enfitted Elability Company is,			
Principal Office Address:	Mailing Address:			
WILLIAM E OWENS LLC	WILLIAM E OWENS LLC			
6597 FISHERMANS LANE	6597 FISHERMANS LANE			
LAUREL HILL, FL 32567	LAUREL HILL, FL 32567			
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signature			
,	omoo, a ragiotorou rigoneo orginataro.			
The name and the Florida street address of the	ne registered agent are:			
WILLIAM E. OWENS				
Nam	ne			
6597 FISHERMANS LANE				
Florida street address (P.O. Box NOT acceptable)				
	* **** /			
LAUREL HILL	FL 32567			
City, State,				

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's Signature

(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" = Manage "MGRM" = Manag		Name and Address:	-	
MGR		WILLIAM E. OWENS 6597 FISHERMANS LANE LAUREL HILL, FL 32567		<u>-</u> -
				- - -
				- - -
(Use attachment i	if necessary)			- -
NOTE: An addition	onal article must be a	dded if an effective date is re	quested.	
REQUIRED SIGN	ATURE:			
Si	Wulliam C. ignature of a member or a	Ouvens_ n authorized representative of a men	nber.	
of		08.408(3), Florida Statutes, the execution affirmation under the penalties of pergree true.)		
W	ILLIAM E. OWENS			HAM TAES
Filing Fees:	Typed or	printed name of signee	W -2	
of Regis	ee for Articles of Organiza stered Agent d Copy (Optional) ate of Status (Optional)	tion and Designation	P 2: 22	er e