

LO5000098755

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500060120125

10/05/05--01009--001 **130.00

1413
SEALING STAFF
DIVISION OF RECEPTIONS
05 OCT -5 AM 9:22

B. McKnight OCT 07 2005

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DW LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

H. Tina Riccio
(Name of Person)

DW LLC
(Firm/Company)

144 Woodstock Lane
(Address)

Cranston RI 02920
(City/State and Zip Code)

For further information concerning this matter, please call:

Patricia Stalecki at (401) 728-2768
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
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:

DW LLC

ARTICLE II - Address:

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

Principal Office Address:Mailing Address:

DW LLC
144 Woodstock Lane
Cranston, RI 02920

DW LLC
144 Woodstock Lane
Cranston RI 02920

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

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

Hilda T. Riccio
Name

400 Shotgun Lane
Florida street address (P.O. Box NOT acceptable)

Osprey FL 34229
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..

Hilda T. Riccio
Registered Agent's Signature

(CONTINUED)

Page 1 of 2

05 OCT -5 AM 9:22

FILED
STATE
DIVISION OF CORPORATIONS

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:MGRH. TINA Riccio
144 Woodstock Lane
Cranston, R.I. 02920MGRMPatricia Jablecki
9 Rockledge Ave.
Lincoln R.I. 02865MGRMJoyce Chadwick
81 Olney St.
No. Providence R.I. 02911

(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 608.406(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Patricia Jablecki
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)