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04/26/06--01026--001 **160.00

04/26/05-1



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Newman Woodworks 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:	
Shane Newman	
(Name of Person) (Name of Person) (Pirm/Company)	
3 Dophin Blud Ct.	٦.
Ponte Vedra Beach, FL 32082	/ At the
(City/State and Zip Code) For further information concerning this matter, please call:	
Shane Newman at 904 334-2449 (Area Code & Daytime Telephone Number)	•
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\bigcup \\$130.00 Filing Fee & \bigcup \\$155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)	

Mailing Address
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

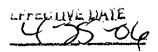
ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Comp	any is:
(Must end with the words "Limited Liability Company	y, "Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	
	f the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Newman Woodworks	Lle
3 Dolphin Blud Ct. Ponte Vedra, FL 3208	
ARTICLE III - Registered Agent, Reg	gistered Office, & Registered Agent's Signature, wn Registered Agent. You must designate an individual or another
The name and the Florida street address	of the registered agent are:
Sha	ne Newman = =
	Name Q
_ 5 Dolph	in Blud Ct
Florida s	street address (P.O. Box <u>NOT</u> acceptable)
City	FL 32082 7, State, and Zip
Having been named as registered ovent	and to accept service of process for the above stated limited

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 (REQUIRED)

(CONTINUED) Page 1 of 2



<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Shane Newman 3 Delphin Blud Ct Ponte Vedra FL 32082
(Use attachment if necessary)	4-25-N
CLE V: Effective date, if other than the effective date is listed, the date must be 00 days after the date of filing.)	date of filing: 47-25-06 (OPTIONAL) e specific and cannot be more than five business days
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

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)

that the facts stated herein are true.)

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

\$ 5.00 Certificate of Status (Optional)