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COVER LETTER

Division of Co			
SUBJECT: Tampa	MAW, LLC		
	(Name of Limite	d Liability Company)	-
The enclosed Articles o	f Organization and fee(s) are s	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
Roy Ford			•
	(Name of Person)	
	(Firm/Company)	
6706 Oak	Hammock Dr.		
		(Address)	•
Bradenton	, Florida 34202		
	(City	/State and Zip Code)	
For further information	concerning this matter, please	call:	
Roy Ford		at (941) 927-940	0
(Name	of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for	or 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)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addres Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

5/12/06

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Comp	pany is:			
Tampa MAW, LLC				
(Must end with the words "Limited Liability Company	y, "Limited Company" or their abbreviation "LLC,"	' ог "L.C.,")		
ARTICLE II - Address: The mailing address and street address o	of the principal office of the Limited Lis	ability Corr	manx	, ic.
Principal Office Address:	Mailing Address:	ionity Com	pariy	13.
5674 Marquesas Cir.	5674 Marquesas Cir.			
Sarasota, FL 34233	Sarasota, FL 34233			
Sarasota, FL 34233	Name Street address (P.O. Box <u>NOT</u> acceptable) FL	ECRETARY OF STATE LLAHASSEE, FLORIDA	6 MAY 15 PM 12: 41	FILED
Having been named as registered agent a liability company at the place designal registered agent and agree to act in this a statutes relating to the proper and compaccept the obligations of my position	ated in this certificate, I hereby accept the	e appointme the provision familiar w	ent as ons o _j vith ar	s f all nd

(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:

Title:	Name and Address:	
"MGR" = Manage		
"MGRM" = Mana		
MGRM	Roy Ford	
,	6706 Oak Hammock Dr.	_
	Bradenton, Florida 34202	_
MGRM	Hi Tech Computer Consultancy, Ltd. Inc.	
	5229 Office Park Blvd.	_
	Bradenton, Florida 34203	_
		_
		_
		_
		_
		_
		_
(Use attachment if	necessaru\	
(Coo attacimient i	necessary)	
LE V: Effective d	ite, if other than the date of filing: May 12, 2006 . (OPTIC	ONALL
	d, the date must be specific and cannot be more than five business	
days after the dat		, aayo p
•	67	
	1	
REQUIRED SIG	NATURE: /	
	Kan live 1	
	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	

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.)

\$ 5.00 Certificate of Status (Optional)

Roy Ford

Page 2 of 2

Typed or printed name of signee

SECRETARY OF STATE

FILED