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(Requestor's Name)	
(Address)	—
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(City/State/Zip/Phone #)	—
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PICK-UP WAIT MAIL	
(Business Entity Name)	
, ,	
(Document Number)	_
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Certified Copies Certificates of Status	
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Special Instructions to Filing Officer:	
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2007 OCT 15 PM 12: 55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Jon McGloin 26 Mountain Ct Bedminster, NJ 07921

Tete Day (908)872-1519 Night (908)872-1519



October 18, 2007

JON MCGLOIN 26 MOUNTAIN CT. BEDMINSTER, NJ 07921

SUBJECT: NET WORKZ L.L.C. Ref. Number: W07000051733

We have received your document for NET WORKZ L.L.C. and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on October 15, 2007. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Letter Number: 007A00061411

Leslie Sellers Regulatory Specialist II

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nam	10.	•	
		anv is:	
	Net	any is: Workz Gami orkz L.L.C	100 C C
	N = 4 \ M = =	VOUNC GOW	ing L.C.C
	Net vvo	FKZ-L	
(Mus	st end with the words "Limit	ed Liability Company, "L.L.C.," or	r "LLC.")
ARTICLE II - Ado	dress:		
		f the principal office of the	Limited Liability Company is:
-			
Principal Office A	<u>ddress:</u>	Mailing Address	<u>12</u>
728 Nettle	s Blvd	728 Nettles	- Dlud
Jensen B		Jensen Be	
FL 34		FL 3495	
, L JT.	301		,
·		of the registered agent are:	maavoor-
		Name	
	728 N	ettles Blvd	
	Florida s	treet address (P.O. Box NOT ac	cceptable)
	Jensen Beach,	FL 34957	
	City	, State, and Zip	
liability compan registered agent an statutes relating t	ny at the place designand ad agree to act in this o to the proper and comp	sted in this certificate, I here capacity. I further agree to plete performance of my du	ocess for the above stated limited eby accept the appointment as comply with the provisions of all ties, and I am familiar with and vided for in Chapter 608, F.S
	Registered Agent	's Signature (REQUIRED)	2007 OCT 15 PM

(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:

"MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Jon McGloin
	26 Mountain
	Bedminster, NJ 07921
MGRM	John McGloin
	728 Nettles Blvd
	Jensen Beach, FL 34957
MGRM	Ed Gloria
	17455 NW 75th Place Apt 107
	Miami Lakes, FL 33015
MGRM	Jeff Bixler
	618 Village Lane
	Smithville,MO 64089
	•
	いの(よ」り) ne date of filing: 03/04/03 (OPTIONA
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.)	TITHEA IOB
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE:	ne date of filing: (OPTIONA
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a memical support of a memical s	be specific and cannot be more than five business day ber or an authorized representative of a member. section 608.408(3), Florida Statutes, the execution astitutes an affirmation under the penalties of perjury
days after the date of filing.) REQUIRED SIGNATURE: Signature of a memi (In accordance with sof this document con	ber or an authorized representative of a member. section 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury d herein are true.)

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)