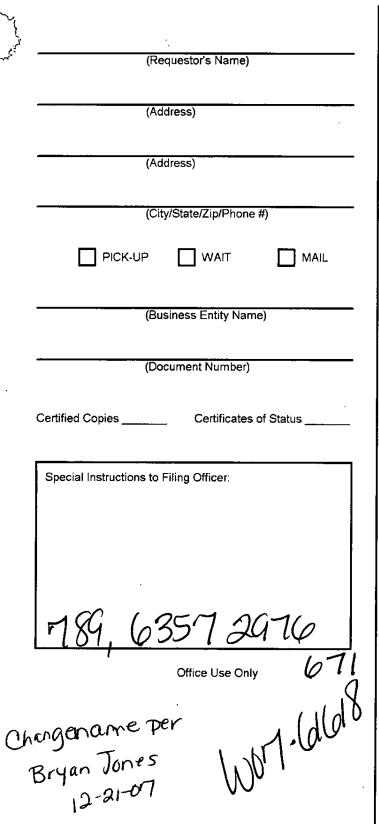
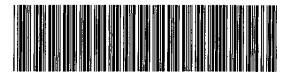
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SECRETARY OF STATE
SECRETARY OF LORIDA

64 Thomas , DEG 2 1 7007

COVER LETTER

	Registration Section Division of Corporations		
SUBJEC	T: Fresh Start LLC		
		nited Liability Company)	
The encl	osed Articles of Organization and fee(s) are	re submitted for filing.	
Please re	turn all correspondence concerning this ma	atter to the following:	
E	Bryan J Jones		
		(Name of Person)	
F	Fresh Start LLC		
		(Firm/Company)	
2	800 Sheephead Court		•
	•	(Address)	
5	St. Augustine, Fl 32092		
	(Ci	City/State and Zip Code)	
For furth	er information concerning this matter, pleas	ase call:	
Bryan	J Jones	at (904) 687-6020	7
	(Name of Person)	(Area Code & Daytime Telephone Number)	20 声
Enclosed	d is a check for the following amount:		至
\$125.00	Filing Fee \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	FILEL FILEL
	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	



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 21, 2007

BRYAN J JONES 2800 SHEEPHEAD COURT ST. AUGUSTINE, FL 32092

SUBJECT: FRESH START LLC Ref. Number: W07000061618

We have received your document for FRESH START LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

The document number of the name conflict is L0700016032.

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) 245-6097.

Marsha Thomas Regulatory Specialist II OT DEC 20 PM 1: WA

Letter Number: 907A00071185

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

AKTICLE I - Name:			
The name of the Limited	Liability	Company	is:

C-WAY SERVICES, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "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:	
2800 Sheephead Court	2800 Sheephead Court	
St. Augustine, Fl 32092	St. Augustine, Fl 32084	

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Corinthia	a Young
	Name
5696 CH	HIRPING WAY WEST
	Florida street address (P.O. Box NOT acceptable)
Jackson	ville. Fl 32222 _{FL}
	City State and Zin

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 fignature (REQUIRED)

(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" = Manager "MGRM" = Managing Member	Name and Address:	
Bryan J Jones - Mgrm	2800 Sheephead Court	
	St. Augustine, FI 32092	
Corinthia Young -MGrm	5696 CHIRPING WAY WEST	
	Jacksonville. Fl 32222	
		OT DEC 20 PM
Joann Jones MO	115 Legendary Drive	
,	Unit - 302	
	St. Augustine, FI 32092	
Xavier Bryan MOC	829 Holbrooke Drive	
 J	Newport News, VA 23602	
(Use attachment if necessary)	CODE (CODE	ETONAL)
TCLE V: Effective date, if other than the defective date is listed, the date must 90 days after the date of filing.)	be specific and cannot be more than five busine	ΠONAL) ess days prior
REQUIRED SIGNATURE:		
/ LA		
muth	ia Arina	

(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

that the facts stated herein are true.)

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)