

LD800006597

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

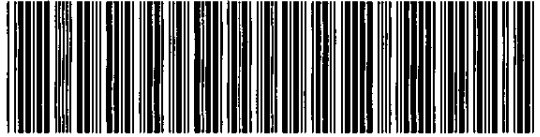
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

JAN 17 2008

EXAMINER

**ROSS & BURDEN, P.A.**  
**ATTORNEYS AT LAW**

LEONARD R. ROSS\*  
GEORGE D.E. BURDEN\*\*  
GERARD V. MURIELLO

628 NORTH PENINSULA DRIVE  
DAYTONA BEACH, FLORIDA 32118

OFFICE: (386) 258-5069  
FAX: (386) 258-0030

\* Board Certified in Marital & Family Law  
\*\*Member Elder Law Section Florida Bar

January 14, 2008

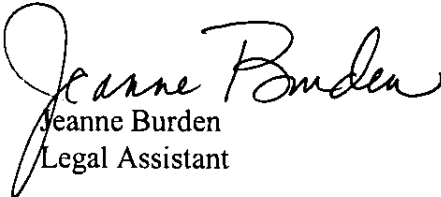
Department of State  
Division of Corporations  
Corporate Filings  
PO Box 6327  
Tallahassee, FL 32314

Dear Staff:

Enclosed please find Articles of Organization for BWP Management, LLC, a Florida Limited Liability Company. The total fee of \$125.00 is attached.

Feel free to contact our office if you have any questions or concerns regarding these applications.

Sincerely,

  
Jeanne Burden  
Legal Assistant

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TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**BWP MANAGEMENT, L.L.C.**

**ARTICLE II - Address:**

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

**Principal Office Address:**

6612 Merryvale Lane  
Port Orange, Florida 32128

**Mailing Address:**

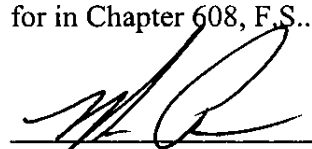
6612 Merryvale Lane  
Port Orange, Florida 32128

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

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

Mr. Mark Postlethwait  
6612 Merryvale Lane  
Port Orange, Florida 32128

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

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TALLAHASSEE, FLORIDA

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

The name and address of each Manager or Managing Member is as follows:

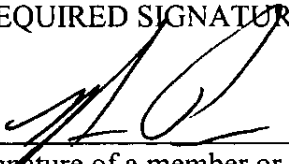
Title: Managing Member

Name and Address: Mr. Mark Postlethwait  
6612 Merryvale Lane  
Port Orange, Florida 32128

**ARTICLE V:**

Effective date, if other than the date of filing: The date of filing.

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  
that the facts stated herein are true.)

Mark Postlethwait  
\_\_\_\_\_  
Typed or printed name of signee

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TALLAHASSEE, FLORIDA