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SECRETARY OF STATE
TALLAHASSEE, FLORID

COVER LETTER

Division of C	Corporations		
SUBJECT: BWA	RE, LLC		
	(Name of Lim	ited Liability Company)	
The enclosed Articles	of Organization and fee(s) are	e submitted for filing.	
Please return all corre	spondence concerning this ma	atter to the following:	
Frederick	L. Bateman, Jr.		v
		(Name of Person)	
Bateman	Harden		
		(Firm/Company)	
201 S Mc	onroe Street, 5th F	loor	O8 M
		(Address)	R
Tallahass	see, FL 32301		TARY OF S
	(Ci	ty/State and Zip Code)	TO 1
For further information	concerning this matter, pleas	ee call:	08 MAR 31 PM 12: 23 SECRETARY OF STATE ALLAHASSEE. FLORID
Frederick L. B	ateman, Jr.	at (850) 222-102	0
(Nam	e of Person)	(Area Code & Daytime Tele	ephone Number)
Enclosed is a check f	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/Courler Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

BWARE, LLC	
(Must end with the words "Limited I	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	e principal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
Petro Por Loren	
Peter Boulware	3791 East Millers Bridge Rd
	Tallahassee, FL 32312
(The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.) The name and the Florida street address of the Bateman Harden	tered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual of another the registered agent are:
201 S. Monroe Str	reet, 5th Floor
Florida street	address (P.O. Box <u>NOT</u> acceptable)
Tallahassee,	_{FL} 32301
City, Sta	te, and Zip
liability company at the place designated registered agent and agree to act in this capa statutes relating to the proper and complete	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and egistered agent as provided for in Chapter 608, F.S

(CONTINUED)
Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Memb	Name and Address:
MGRM	Peter Boulware
	3791 East Millers Bridge Road
	Tallahassee, FL 32312
	ASCOR ASCOR
	<u> </u>
	SEE O
	E.F.OR
EV: Effective date, if other t	
LE V: Effective date, if other trective date is listed, the date days after the date of filing.)	han the date of filing: (OPTIONA must be specific and cannot be more than five business day
LE V: Effective date, if other the fective date is listed, the date days after the date of filing.) REQUIRED SIGNATURE:	must be specific and cannot be more than five business day
LE V: Effective date, if other to sective date is listed, the date days after the date of filing.) REOUIRED SIGNATURE: Signature of a (In accordance of this docume)	member or an authorized representative of a member. with section 608.408(3), Florida Statutes, the execution nt constitutes an affirmation under the penalties of perjury stated herein are true.)
Signature of a (In accordance of this docume	member or an authorized representative of a member. with section 608.408(3), Florida Statutes, the execution nt constitutes an affirmation under the penalties of perjury stated herein are true.)
LE V: Effective date, if other to fective date is listed, the date of days after the date of filing.) REQUIRED SIGNATURE: Signature of a (In accordance of this docume that the facts	member or an authorized representative of a member. with section 608.408(3), Florida Statutes, the execution nt constitutes an affirmation under the penalties of perjury stated herein are true.)

\$ 5.00 Certificate of Status (Optional)