Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document,

(((H08000098161 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 Phone : (305)444-4994

Fax Number : (305)444-4977

FLORIDA/FOREIGN LIMITED LIABILITY CO.

WARD & WARD ENTERPRISES OF FLORIDA, LLC

APR

Certificate of Status Certified Copy 1 Page Count 03 Estimated Charge \$155.00

Electronic Filing Menu

Corporate Filin Men

Help

APR 1 7 2008

https://efile.sunbiz.org/scripts/efilcovr.exe

EXAMINI

04/16/2008

(((H08000098161)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ART	ICLE	I -	Na	me:
-----	------	-----	----	-----

The name of the Limited Liability Company is:

WARD & WARD ENTERPRISES OF FLORIDA, 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:

1000 N.W. 1st Ave., Suite 18 Miami, FL 33136

1000 N.W. 1st Ave., Suite 18

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 Plorida registration.)

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

JAMES WARD, JR. Name 1000 N.W. 1st Ave., Suite 18 Florida street address (P.O. Box NOT acceptable) 33136 Miami City, State, and Zip

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..

(CONTINUED) Page 1 of 2

(((H08000098161)))

<u>litie:</u> 'MGR" = <u>M</u> anager	,	Name and Address:
MGRM" = Managir	ng Member	•
MGRM .		EDWARD P. WARD
		1000 N.W. 1st Ave., Suite 18
		Miami, FL 33136
MGRM		JAMES WARD, JR.
		1000 N.W. 1st Ave., Suite 18
		Miami, FL 33136
·		
		•
,		
TT		
Use attachment if n	(ccessary)	
LE V: Effective date	, e. if other than the	e date of filing: (OPTION
fective date is listed	, the date must b	pe specific and cannot be more than five business d
days after the date	of filing.)	
REQUIRED SIGN	ATURE:	
REQUIRED SIGN	ATURE:	
REQUIRED SIGN	ATURE:	000
	Su	er pr an authorized representative of a member.

Page 2 of 2

JAMES WARD
Typed or printed name of signee