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(Requestor's Name)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
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(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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COVER LETTER

то:	Registration Section Division of Corporations	·			
SUBJ	ECT: AW Baker and Associat	tes LLC.			
(Name of Limited Liability Company)					
The en	. nclosed Articles of Organization and fee(s) are	e submitted for filing	3.		
Please	return all correspondence concerning this ma	tter to the following	;		
	Anthony Wayne Baker				
	(Name of Person)				
	Self	•			
	(Firm/Company)				
10161 Sandy Marsh Lane					
(Address)					
	Orlando, Florida 32832				
	(C	ity/State and Zip Code	e)		
For fu	rther information concerning this matter, pleas	se call:	·		
Anthony Wayne Baker			947-2413		
	(Name of Person) (Area Code & Daytime Telephone Number)				
Enclo	sed is a check for the following amount:				
√ \$125	\$125.00 Filing Fee \$\bigcup \\$130.00 Filing Fee & \$\bigcup \\$155.00 Filing Fee & \$\bigcup \\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)				
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrati Division Clifton B 2661 Exc	ourier Address on Section of Corporations ouilding centive Center Circle		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Compa			
AW Baker and Associates LLC			
(Must end with the words "Limited	d Liability Company, "L.L.C.," or "LLC.")	•	
ARTICLE II - Address: The mailing address and street address of	the principal office of the Limited Lia	ability Company is:	
Principal Office Address:	Mailing Address:		
10161 Sandy Marsh Lane '	10161 Sandy Marsh Lane		
Orlando, Florida	Orlando, Florida		
32832	32832		
business entity with an active Florida registration.) The name and the Florida street address of Gus Benitez	TALLAH		
	Name		
1223 E. Concord	ASSET		
Florida str			
Orlando, Florida	FL	AM 10: 44 STATE STATE	
City,	State, and Zip	8 <u>1</u> +	
Having been named as registered agent as liability company at the place designate registered agent and agree to act in this ca statutes relating to the proper and compl accept the obligations of my position a	ed in this certificate, Thereby accept th apacity. I further agree to comply with lete performance of my duties, and I an	e appointment as the provisions of all n familiar with and	

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGR Anthony Wayne Baker 10161 Sandy Marsh Lane Orlando, Florida 32832 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: _ (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after 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.) Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

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

\$ 5.00 Certificate of Status (Optional)