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



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EXAMINER

LAW OFFICE ROBERT S. ERANKLIN, P.A.

Robert S. Franklin Admitted Florida, New York

December 4, 2008

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Registration

To whom it may concern:

Enclosed herewith are the Articles of Organization for Go to Web Desk, LLC, along with a check in the amount of \$160.00. If you have any questions or concerns, please do not hesitate to contact me.

Very truly yours,

Robert S. Franklin

Enclosure /av

COVER LETTER

| TO: | Registration Section Division of Corporations | | |
|--|--|--|--|
| SUBJE | Co to Wah Dook II C | | |
| SUBJE | (Name of Limited Liability Company) | | |
| The end | closed Articles of Organization and fee(s) are submitted for filing. | | |
| Please | return all correspondence concerning this matter to the following: | | |
| | Doug Wright | | |
| | (Name of Person) | | |
| | Go to Web Desk, LLC | | |
| - | (Firm/Company) | | |
| | 8561 Trail Winds Ct. | | |
| • | (Address) | | |
| | Boynton Beach, FL 33473 | | |
| • | (City/State and Zip Code) | | |
| For furt | ther information concerning this matter, please call: | | |
| Robert S. Franklin at (561) 805-7140 | | | |
| | (Name of Person) (Area Code & Daytime Telephone Number) | | |
| Enclos | ed is a check for the following amount: | | |
| □ \$125.0 | 00 Filing Fee \$\bigcup \\$130.00 Filing Fee \& Certificate of Status \$\bigcup \\$255.00 Filing Fee \& Certificate of Status \& Certified Copy (additional copy is enclosed) \$\bigcup \\$255.00 Filing Fee \& Certified Copy (additional copy is enclosed) | | |
| | Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building | | |

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is: | o · | | | |
|---|--|--|--|--|
| The hame of the Elimited Elability Company is. | | | | |
| Go to Web Desk, LLC | | | | |
| (Must end with the words "Limited Liabilit | y Company, "L.L.C.," or "LLC.") | | | |
| ARTICLE II - Address: | T. Q. | | | |
| The mailing address and street address of the prin | ncipal office of the Limited Liability Company 15: | | | |
| | | | | |
| Principal Office Address: | Mailing Address: | | | |
| | •* | | | |
| 8561 Trait Winds Ct. | 8561 Trail Winds Ct. | | | |
| Boynton Beach, FL 33473 | Boynton Beach, FL 33473 | | | |
| | | | | |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.) | red Agent. You must designate an individual or another | | | |
| The name and the Florida street address of the re | gistered agent are: | | | |
| Robert S. Franklin | | | | |
| Name | | | | |
| 823 North Olive Avenue | | | | |
| Florida street addr | ess (P.O. Box NOT acceptable) | | | |
| West Palm Beach, | _{FL} 33401 | | | |
| 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

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

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

| Doug Wright |
|---|
| Doug Wright |
| |
| 8561 Trail Winds Ct. |
| Boynton Beach, FŁ 33473 |
| |
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| te of filing: (OPTIONAL) pecific and cannot be more than five business days p |
| |
| 1 |

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.)

Doug Wright

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)
- \$ 5.00 Certificate of Status (Optional)