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SECRETARY OF STATE
TALLAHASSEE, FINALE

D. BRUCE

JAN 27 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: 5.I.W. Accounting Services LLC (Name of Limited Liability Company)	_	
The enclosed Articles of Organization and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Shana T. White (Name of Person)		
S.T. W. Accounting Services, LLC (firm/Company)		
2237 Chantilly Terrace (Address)	O9 J	ı
Oviedo FLorida 32765 (City/State and Zip Code)	AN 26 F	
For further information concerning this matter, please call:	PH 12: 53 OF STATE E. FLORIDA	
Shana I. White at (407) 491-7413 (Name of Person) (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$\bigcup \\$130.00 Filing Fee \& \bigcup \\$155.00 Filing Fee \& \bigcup \\$160.00 Filing Fee \& \bigcup \\$1	tatus &	
Mailing Address Registration Section Registration of Comparations Registration Section Registration Section		

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

Division of Corporations
Clifton Building
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:	
(Must end with the words "Limited Liabil	Services, LLC ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principle.	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Shara I. White	Ovied FL 32765
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	ered Agent. You must designate an individual or another
The name and the Florida street address of the re	egistered agent are:
Shana I. U Name	white Es &
•	ress (P.O. Box NOT acceptable)
Ovirdo, Fl 32765 City, State, as	nd Zip
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	accept service of process for the above stated limited his certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S
Show Q W Registered Agent's Signature	ire (REQUIRED)

(CONTINUED) Page 1 of 2

The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM (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 performance that the facts stated herein are true.) Typed or printed name of signee

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

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)