

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.

(((H09000193595 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 : FILINGS, INC.

Account Number: 072720000101 Phone : (850)385-6735

Fax Number : (954)641-4192

FLORIDA/FOREIGN LIMITED LIABILITY CO.

TWORKZ.COM, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

J. BRYAN

SEP - 2 2009

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name	e:			
The name of the Limited Liability Company is:				
ň	Twody co	m IIC		
Tworkz.com, LLC (Must end with the words "Limited Liability Company," "LL.C.," or "LLC.")				
ARTICLE II - Add	rece			
		principal office of the Limit	ted Liability Company is:	
•	•		Effective Date 09/01/09	
Principal Office Ad	<u>ldress:</u>	Mailing Address:	Date 09/01/07	
1276 Via Portofino		1276 Via Portofino		
Naples, FL 34108		Naples, Fl 34108		
-	me and the Florida street address of the registered agent are: Carlo F. Zampogna, Esq. Name 3200 Tamiami Trail North, Suite 200		FIL 09 SEP - 1 SECRETARY	
	Florida street address (P.O. Box NOT acceptable)			
Naples, FL 34103 FL City, State, and Zip		\(\text{2} \) \(\t		
City, State, and Zip			ŝä 5	
liability company registered agent and statutes relating to	y at the place designated if a gree to act in this capa of the proper and complete atlans of my position as re	to accept service of process for this certificate. I hereby accepts. I further agree to complete performance of my duties, and agent as provided for	cept the appointment as ly with the provisions of all nd I am familiar with and	
	Registered Agent's Sig	IMPAE (VECTOTIOED)		

(CONTINUED)

H09000193595

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	BSG Gifting Trust f/b/o S. Charles Bennett III dated 8/28/09 1276 Via Portofino, Naples, FL 34108
· · · · · · · · · · · · · · · · · · ·	TAL SEL
	AHASSE
(Use attachment if necessary)	OF STA)
ARTICLE V: Effective date, if other than the c (If an effective date is listed, the date must be to or 90 days after the date of filing.)	date of filing: 9/1/09 (OPTIONAL) specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
Signature of a member	oran authorized representative of a member.
	tion 608.408(3), Fiorida Statutes, the execution itutes an affirmation under the penaltics of perjury aim are true.)
Carlo F. Zampo Tyr Filing Fees:	gna, Esq. ed or printed name of signee
\$125.00 Filing Fee for Articles of Organ of Registered Agent \$ 30.00 Certified Copy (Optional)	nization and Designation

Page 2 of 2

\$ 5,00 Certificate of Status (Optional)