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Oct - 5-20091

## **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT: <u>NO</u>	ELS WCOZ Name of Lim	DWORKS L. ited Liability Company	L.C
The enclosed Articles of	Organization and fee(s) are	e submitted for filing.	
Please return all correspondent	ondence concerning this ma	atter to the following:	
NOE	L F. 544	MANU JR. Name of Person	·
NOEL	is wood	SORICS LL	, C.
1318	N. MLK	CBLUD. #5	Ä
TAUL	HASSIEE,	Address FLORIDA 33	2303
NA	C	for future annual report notification)	
For further information of		•	
WILLIAM	oncerning this matter, pleas  WILSON f Person	at ( <u>850</u> ) <u>570 –</u> Area Code & Daytime Telep	4648 hone Number
Enclosed is a check for	the following amount:		
\$125.00 Filing Fee [	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Ci Tallahassee, FL 32301	rcle

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

NOEL'S WOOD WORKS  (Must end with the words "Limited Liabil	L. L.C.
(Must end with the words "Limited Liabil	ity Company," "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pr	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1318 N.M41 #5A THUA, FL. 32303	SAME
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)  The name and the Florida street address of the registration.  Name  3.8 N-M4K  Florida street address (P.O. TAMA., Fl. City, State, and State of the company of t	egistered agent are:  MANN UT.  BLVD. #5A  Box NOT acceptable)
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete pe	accept service of process for the above stated limited his certificate, I hereby accept the appointment as v. I further agree to comply with the provisions of all rformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S

(CONTINUED)

### 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:

Title: "MGR" = Mana						
	naging Member	• • • • • • • • • • • • • • • • • • •		و ما مداد ده		<b>(</b> ")
<u>MGRW</u>	<u>/                                     </u>	<u> NOE</u> 1318 <del>TAC</del> O	L F. 0/4 N.M41 A. Fl. 3:	LUMHUK BLUD. 7 2303	] U/ =5A 	ζ,
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(Use attachment	if necessary)					
(Use attachment ICLE V: Effective or effective date is lise 90 days after the date of REQUIRED SI	date, if other than sted, the date mu ate of filing.)	the date of filing:	cannot be more	. (Of e than five busin	PTIONA	L) s pi
ICLE V: Effective effective date is lis 90 days after the d	date, if other than sted, the date mu ate of filing.)  GNATURE:	st be specific and	cannot be more	e than five busin	PTIONA ness day	L) s pr
ICLE V: Effective n effective date is lis 90 days after the d	date, if other than sted, the date mu ate of filing.)  GNATURE:  Signature of a man of this document	mber or an authorizenstitutes an affirma	cannot be more	of a member.	ness day	L) s pr
TICLE V: Effective n effective date is lis 90 days after the d	date, if other than sted, the date mu ate of filing.)  GNATURE:  Signature of a man of this document that the facts state	mber or an authorizenstitutes an affirma	representative Florida Statutes, ti	of a member.	ness day	L) s pr

\$ 5.00 Certificate of Status (Optional)