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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

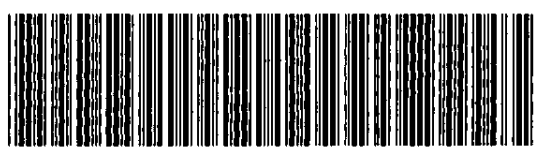
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SECRETARY OF STATE  
DIVISION OF CORPORATION  
09 OCT - 8 PM 1:19

## TRANSMITTAL LETTER

TO: REGISTRATION SECTION  
DIVISION OF CORPORATIONS

SUBJECT: W2S LLC

THE ENCLOSED ARTICLES OF ORGANIZATION AND FEE(S) ARE SUBMITTED FOR FILING.

PLEASE RETURN ALL CORRESPONDENCE CONCERNING THIS MATTER TO THE FOLLOWING:

W2S LLC

C/O WILSON MONTALVO

226 S. COURTENAY PKWY

MERRITT ISLAND, FL 32952

FOR FURTHER INFORMATION CONCERNING THIS MATTER, PLEASE CALL:

WILSON MONTALVO 321-208-7995

ENCLOSED IS A CHECK FOR THE FOLLOWING AMOUNT:

<input type="checkbox"/> \$125.00 FILING FEE	<input checked="" type="checkbox"/> \$130.00 FILING FEE & CERTIFICATE OF STATUS	<input type="checkbox"/> \$155.00 FILING FEE & CERTIFIED COPY*	<input type="checkbox"/> \$160.00 FILING FEE CERTIFICATE OF STATUS & CERTIFIED COPY*
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\*(ADDITIONAL COPY ENCLOSED)

### STREET ADDRESS:

REGISTRATION SECTION  
DIVISION OF CORPORATIONS  
409 E. GAINES STREET  
TALLAHASSEE, FL 32399

### MAILING ADDRESS:

REGISTRATION SECTION  
DIVISION OF CORPORATIONS  
P O BOX 6327  
TALLAHASSEE, FL 32314

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

**ARTICLE 1- NAME**

**THE NAME OF THE LIMITED LIABILITY COMPANY IS:**

**W2S LLC**

**ARTICLE II - ADDRESS**

THE MAILING ADDRESS AND STREET ADDRESS OF THE PRINCIPAL OFFICE OF THE LIMITED LIABILITY COMPANY IS:

**PRINCIPAL OFFICE ADDRESS**

226 S. COURTENAY PKWY  
MERRITT ISLAND, FL 32952

**MAILING ADDRESS**

SAME

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE &  
REGISTERED AGENT'S SIGNATURE:**

THE NAME AND THE FLORIDA STREET ADDRESS OF THE REGISTERED AGENT IS:

WILSON MONTALVO

174 GRANT ROAD

MERRITT ISLAND, FL 32953

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 AGENTS SIGNATURE

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**ARTICLE IV - MANAGER(S) OR MANAGING MEMBER IS AS FOLLOWS:**

THE NAME AND ADDRESS OF EACH MANAGER OR MANAGING MEMBER IS AS FOLLOWS:

TITLE:	NAME & ADDRESS
"MGR"= MANAGER	
"MGRM"= MANAGING MEMBER	
MGR	WILSON MONTALVO 174 GRANT ROAD MERRITT ISLAND, FL 32953
MGRM	STEPHEN WHITE 750 MERRIMANS LANE WINCHESTER, VA 22601
MGRM	WILLIS WHITE 760 MERRIMANS LANE WINCHESTER, VA 22601

NOTE: AN ADDITIONAL ARTICLE MUST BE ADDED IF AN EFFECTIVE DATE IS REQUESTED.

**REQUIRED SIGNATURE:WILSON MONTALVO**

x  \_\_\_\_\_  
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.)

WILSON MONTALVO  
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)