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SECRETARY OF STATE DIVISION OF GORPORATION

T. HAMPTON

JAN 2 8 2010

EXAMINER

COVER LETTER

CHID IECT.	Μv	eb Broker, l	LLC	
SUBJECT:		Liability Compan		······································
The enclosed Article	es of Organization and fec(s) are	omitted for filing.		
Please return all cor.	respondence concerning this mat	to the following:		
	Ja	es W Davis II		
		ame of Person		
	My \	eb Broker, LLC	2	
		rm/Company		
	Ρ.	Box 34358		
		Address		
	Pensa	la, Florida 32	507	
	·	tate and Zip Code		·
	jim@ E-mail address: (to be used	webbroker.co	om natitionia	2
For further informat	ion concerning this matter, please	<u>-</u>	notification	,
· · · · · · · · · · · · · · · · · · ·	nes W, Davis II	ı (<u>850</u>)	· · · · · · · · · · · · · · · · · · ·	208-4440
Na	me of Person	Area Code &	Daytime 1	Telephone Number
Enclosed is a chec	k for the following amount:			
_	e \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Certified Copy (additional copy i	,	\$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/Cou Registration Division of Clifton Bui 2661 Exect	Section Corporati Iding utive Cent	ions er Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	is:	
My Web Br		
(Must end with the words "Limited Li	ability Company," "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liabilit	y Company is:
Principal Office Address:	Mailing Address:	
1000 E. Brainerd St.	P.O. Box 34358	
Pensacola, Florida 32503	Pensacola, Florida 32507	
	egistered Agent. You must designate an individual o	nature: or another SECRETAR DIVISION OF C
1000 E. I	Brainerd St.	
	P.O. Box NOT acceptable)	3 200
Pensacola 32507	FL	
City, Stat	le, and Zip	
Having been named as registered agent and liability company at the place designated registered agent and agree to act in this capa statutes relating to the proper and complete accept the obligations of my position as r	in this certificate, I hereby accept the appacity. I further agree to comply with the performance of my duties, and I am fan	pointment as provisions of all niliar with and

(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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGRM	James W. Davis II P.O. Box 34358 Pensacola, FL 32507	
		<u></u>
(Use attachment if necessary)		
FICLE V: Effective date, if other than the d n effective date is listed, the date must be a 90 days after the date of filing.)	ate of filing: (O	PTIONAL) ness days p
REQUIRED SIGNATURE:	men Quis	
(In accordance with secti	or an authorized representative of a member. on 608.408(3), Florida Statutes, the execution utes an affirmation under the penalties of perjury in are true.)	
	James W. Davis II	
Type Filing Fees:	ed or printed name of signee	z .

S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

S 5.00 Certificate of Status (Optional)