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T. HAMPTON

FEB - 8 2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: RKW. SERVICES LLC. Name of Limited Liability Company			
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:			
ROWALD KENT WILLIAMS Name of Person			
R.K.W. SERVICES "LLC"			
Firm/Company			
1335 N.E., 45 15t.			
Address			
Ft, LAVD, FlA, 33334 City/State and Zip Code			
City/State and Exp Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
RONALD KENT WILLIAMS at (954) 328-8345 Name of Person Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount:			
\$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{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 Tallahassee, FL 32301			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

R.K.W. SERVICES	"LLC."	
(Must end with the words "Limited Liability Company" "L. C." or "L. C.")		

ARTICLE II - Address:

ARTICLE I - Name:

The name of the Limited Liability Company is:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
1335 NE, 457 St. Ft. LAUD. FlA. 33334	1335 NE 45TSt. Ft. LAND, FlA. 32334

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

RONALD KENT WILLIAMS
Name
1335 N.G. 45 CSt.
Florida street address (P.O. Box NOT acceptable)
Ft. LAUDERDALE FL 33334
City, State, and Zip

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 Agent's Signature (REQUIRED)

(CONTINUED)

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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"	ROWALD KENT WILLIAMS 1335 N.E. 45+5+, Ft. LAUD FIA 33334	
(Use attachment if necessary)		
	te of filing: (OPTIONAL) pecific and cannot be more than five business days prior	
	Kut Williams r 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 periury		

that the facts stated herein are true.)

Roni ALD KENT NULLIAMS

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)

JIVISION OF CARPORATIONS