## 100003

(Re	equestor's Name)		
(Address)			
(Ad	ddress)		
(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL	
(Bı	usiness Entity Nar	me)	
(Document Number)			
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D. BRUCE

MAR 2 2 2010

**EXAMINER** 

## **COVER LETTER**

	ion Section of Corporations		
SUBJECT: _(	& W Entertainment Services LLC.  Name of Limited Liability Company		
The enclosed Art	les of Organization and fee(s) are submitted for filing.		
Please return all	rrespondence concerning this matter to the following:		
	eaver S. Hastings Name of Person		
	Firm/Company		
220	7 Fear Dalla		
	2 Tina Drive		
Tall	City/State and Zip Code  Ruerhastings a gmail. com  E-mail address (to be used for future annual report notification)		
City/State and Zip Code			
<u>we</u>	everhastings agmail. com		
	The state of the s		
Legier S	110/Eu 10011 XXI-788/L MT		
	ame of Person at ( 704 ) Ot - 204   Area Code & Daytime Teléphone Number ;		
Enclosed is a ch	the for the following amount:		
\$125.00 Filing	Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)		
	Mailing Address Registration Section Division of Corporations  Street/Courier Address Registration Section Division of Corporations		
	P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301		

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
G & W Entertainment Servi (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	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2392 Tina Drive Tallahasee, FL 32301	2392 Tina Drive Tallahasae, FL 32301
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 r	. ĭ
Weaver So! Has	itings Est 5
2392 Tina Drive	AHASSE TO AHASSE
Tallahassee	FL 32301 (1c, and Zip
	accept service of process for the appointment as

Having been named as registered agent and to accept service of process for the agive 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)
Page 1 of 2

## Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing: \_\_ . (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **REQUIRED SIGNATURE:** Signature of a member or an althorized 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 perjum that the facts stated herein are true.)

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

\$ 5.00 Certificate of Status (Optional)