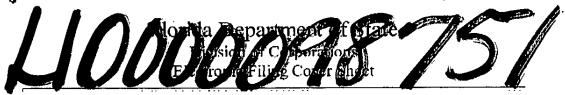
SEP-21-2010 10:28 From: Division of Corporations

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : A.A.ALI, CPA

Account Number : 12000000192 Phono

: (407)298-3900

Fax Number

: (407)298-0660

**Enter the email address for this business entity to be used for further

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FLORIDA LIMITED LIABILITY CO.

C & W INS 4 LESS LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

EFFECTIVE DATE

D. BRUCE

SEP 22 2010

EXAMINER

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

C & W INS 4 LESS, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

917 WINDMLL GROVE CIRCLE, ORLANDO, FL 32828

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:

WENDY M SILVA 917 WINDMILL GROVE CIR ORLANDO, FL 32828

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.

WENDY M SILVA / Registered Agent's Signature

EFFECTIVE DATE 9/19/10

FILED

10 SEP 21 AM 8: 36

SECKETARY OF STATE

(((H10000208453 3)))

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

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

"MGR" = Manager
"MGRM" = Managing Member

WENDY M SILVA, MGRM 917 WINDMILL GROVE CIR ORLANDO, FL 32828

CECIL T SILVA, MGRM 917 WINDMILL GROVE CIR ORLANDO, FL 32828

ARTICLE V: Effective date, if other than the date of filing: SEPTEMBER 19711 2010 (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 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.)

WENDY M STLVA

Typed or printed name of signee

FILED

10 SEP 21 AM 8: 36

SECRETARY OF STATE