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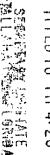
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# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT. Derwin Cane LLC
SUBJECT: 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:
Genos D Williams
Name of Person
Pi co
Firm/Company
2401 NW Boca Raton Blvd
Address
Boca Raton, Florida 33431  City/State and Zip Code
art@gpfinancial.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Arthur Hurley at ( 561 ) 953-1510
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\int \\$130.00 Filing Fee & Certificate of Status \$\int \text{Certified Copy} \\ \text{(additional copy is enclosed)} \text{Certified Copy} \\ Cer
Mailing Address Street/Courier Address
Registration Section  Division of Corporations  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 1 - Name: The name of the Limited Liability Con	npany is:
Derwin Cane LLC	
(Must end with the words "Lin	mited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address	s of the principal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
2401 NW Boca Raton Blvd Boca Raton, FL 33431	same
	egistered Office, & Registered Agent's Signature: s own Registered Agent. You must designate an individual or another )
The name and the Florida street address	ss of the registered agent are:
Arthur J Hurley	

Name

2401 NW Boca Raton Blvd.

Florida street address (P.O. Box NOT acceptable)

**Boca Raton** 

<sub>FL</sub> 33431

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)

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:

Title: "MGR" = Manager	Name and Address:
"MGRM" = Managing Mem	Genos D. Williams  1331 Brickell Bay Drive, Unit BL21
	Miami, FL 33131
(Use attachment if necessary	w)
CLE V: Effective date, if other	er than the date of filing: 2/8/11 (OPTIONAL) te must be specific and cannot be more than five business days p
<u>REQUIRED</u> SIGNATURI	E:
	1_1_

Signature of a member of 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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

### Genos D. Williams

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)