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HI OCT 27 MH DO 58 SECRETARY OF STATE ALLAHASSEE, FLORID,

D. BRUCE

OCT 28 2011

EXAMINER

COVER LETTER

	tration Section ion of Corporations		
SUBJECT: F	R & W Treasures LLC		
	Name of Limit	ted Liability Company	
The enclosed A	Articles of Organization and fee(s) are	submitted for filing.	
Please return a	Il correspondence concerning this mat	ter to the following:	
Mati	new T. Ward		
iviali	iew r. vvalu	Name of Person	
R&	W Treasures		
		Firm/Company	***
125	69 Narcoossee Road		ACE 1
		Address	OCI AH,
Orlan	do, FL 32832		TARY ASSE
mtwa	Ci rdo@msn.com	ty/State and Zip Code	C.F.
		for future annual report notification)	
For further info	ormation concerning this matter, pleas	e call:	TE IDA
Mathew T.		at (407) 701-4785	
	Name of Person	Area Code & Daytime Telep	hone Number
Enclosed is a	check for the following amount:		
S125.00 Filing	Fee \$\int_\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$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/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Ci Tallahassee, FL 32301	rcle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	RT	ICI	LE	F -	Nя	me	٠.

The name of the Limited Liability Company is:

R & W Treasures 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:

Principal Office Address:	Mailing Address:
12569 Narcoossee Road	12569 Narcoossee Road
Orlando, FL 32832	Orlando, FL 32832

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:

Mathew T. Ward

Name

12569 Narcoossee Road

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

Orlando

FL 32832

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:

	<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
	Mathew T. Ward - MGR	12569 Narcoossee Road ORlando, FL 32832
	Stephen C. Reeves - MGR	1244 Willow Branch Orlando, FL 32828
		
(If an	(Use attachment if necessary) ICLE V: Effective date, if other than the effective date is listed, the date must be 90 days after the date of filing.) REQUIRED SIGNATURE:	e specific and cannot be more than five business days prior
ar ar	Signature of a membe	r 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. 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.)

Mathew T. Ward

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)