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12 FEB -8 PM I2: 06

COVER LETTER

Division of Corporations
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:
James F. Wagenman Name of Person
Name of Person
- JWags LLC. Firm/Company
Firm/Company
P.O. Box 7351
ST Pieters burg FL 33734 City/State and Zip Code
TWAGAAMA W Tamaaha W KK Cam
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
James F. Wageman at (737) 215-4800 Name of Person Area Code & Daytime Telephone Number
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\times 130.00 Filing Fee & Certificate of Status \$\times 155.00 Filing Fee & Certificate of Status \$\times 160.00 Filing Fee, Certified Copy (additional copy is enclosed) \$\times 250.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
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 L	iability Company is:
Principal Office Address: Mailing Address:	
ST Perensburg FL 33703 ST Perensburg FL	1 - <u>337</u> 34
ARTICLE III - Registered Agent, Registered Office, & Registered Agent' (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an indibusiness entity with an active Florida registration.)	's Signature: vidual or another
The name and the Florida street address of the registered agent are:	7 7 7 7
James F. Wagenman Name	12 FEB -8
5185 6 ^{PH} WAY N Florida street address (P.O. Box NOT acceptable)	PHI2: 06
ST Perersburg FL 33703 City, State, and Zip	(1985년) (1985년) (1987년)
Having have nowed as resistant agent and to assent semiles of process for the	a ahova stated limited

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)

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	James F. Wagenman 5185 6TH MAY N. ST Perasbang FL 33703
(Use attachment if necessary) ICLE V: Effective date, if other th	an the date of filing: 2/27/12 . (OPTIONAL
n effective date is listed, the date medical policy of the date of filing.) REQUIRED SIGNATURE:	nust be specific and cannot be more than five business days
	member or an authorized representative of a member.
constitutes an affirmation I am aware that any fals	tion 608.408(3), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true. The information submitted in a document to the Department of State are felony as provided for in s.817.155, F.S.)
	mes F. Wagenman 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)