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AND ADDRESS OF STATE

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COVER LETTER

Division of Co	orporations			
SUBJECT: T.W.	Elevator Solution	s LLC		
SOBJECT.		ed Liability Comp	any	
The enclosed Articles o	of Organization and fee(s) are	submitted for filin	ď	
			_	
Please return all corresp	oondence concerning this mat	ter to the following	3:	
<u>Janette N</u>	Miller	· · · · · · · · · · · · · · · · · · ·		
		Name of Person		
		Firm/Company		
2520 NW	/ 16th Lane Bay 1	2		
		Address		
Pompano I	Beach, FL 33064			
		y/State and Zip Cod	e	
jm.elevators	solutions@yahoo.cor E-mail address: (to be used to	n for future annual ren	ort notification)	
For further information	concerning this matter, please			
1 or future, amormation	concerning and matter, pieast			
Thomas Weeks		_ at (_954	785-1266	
Name	of Person	Area Code	e & Daytime Te	lephone Number
Enclosed is a check for	or the following amount:			
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filin Certified Co (additional cop	ру	\$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	Registrat Division Clifton E 2661 Ex	ion Section of Corporation Building ecutive Center see, FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Δ	рT	TCI	F	T _ 1	No	me:
/		E & . I	4 1			

The name of the Limited Liability Company is:

T.W. Elevator Solutions 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:		
2520 NW 16th Lane Bay 12	2520 NW 16th Lane Bay 12		
Pompano Beach, FL 33064	Pompano Beach, FL 33064		
ARTICLE III - Registered Agent, Registered Liability Company cannot serve as its own Foundamers entity with an active Florida registration.) The name and the Florida street address of total Janette Miller	Registered Agent. You must designate an individu		FILI
N	ame	五号 3	E
2520 NW 16th	Lane Bay 12	PM I2: 19 Of State S, Florid	Ū
Florida stree	et address (P.O. Box NOT acceptable)	: 19	
Pompano Beach	_{FL} 33064	<i></i>	
City	y, 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..

(CONTINUED)

Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Me	Name and Address:
MGR	Janette Miller
	2520 NW 16th Lane Bay 12
	Pompano Beach, FL 33064
MGRM	Thomas Weeks
	2520 NW 16th Lane Bay 12
	Pompano Beach, FL 33064
(Lise attachment if necessa	n/)
	er than the date of filing: (OPTIONA te must be specific and cannot be more than five business day
LE V: Effective date, if oth fective date is listed, the defective date is listed, the defective date is listed.	er than the date of filing: (OPTIONAl te must be specific and cannot be more than five business days.)
LE V: Effective date, if oth fective date is listed, the date days after the date of filin REQUIRED SIGNATUR	er than the date of filing: (OPTIONAl te must be specific and cannot be more than five business days.) E:
LE V: Effective date, if other fective date is listed, the date of filing and the date of f	er than the date of filing: (OPTIONAl te must be specific and cannot be more than five business days.) E: (OPTIONAL

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)