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### FILING CANCELLED RETURNED CHECK

12 JUL -5 PM 4: 28 SECRETARY OF STATE TALLAHASSEF FI ORIGA

T. CLINE

JUL - 5 2012

EXAMINER

### **COVER LETTER**

TO:

TO: Registration Section Division of Corporations			·
SUBJECT: <u>GWP</u>	Name of Limited Liabi	Druses,	LLC
The enclosed Articles of Organization	on and fee(s) are submitte	ed for filing.	
Please return all correspondence con	cerning this matter to the	e following:	
Geral	d W. Name o	Ferson (	R
GWD F	Enterpr Film/c	2; SS, 1	<u>l</u> C
886	Megi	hnis L	M
Tau	Masse City/State a	Ind Zip Lode	32312
Karla E-mail ad	dress: (to be used for future	21 @ va	hoo. Com
For further information concerning to Name of Person	his matter, please call:	Area Code & Daytime Telep	8103 hone Number
Enclosed is a check for the follow	wing amount:		
\$125.00 Filing Fee \$\sqrt{\$130.00}\$ Certific	ate of Status Ce	55.00 Filing Fee & crtified Copy ditional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Division P.O. Box	ion Section of Corporations	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	ircle JUL -5

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#### 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 Liability Company is:
Principal Office Address:  Mailing Address:
886 Meginnis Ln Janahasse, 51312
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:  - Valua Dicks  Name  - Sell Meganus Lo.  Florida street address (P.O. Box NOT acceptable)  - 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

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#### 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 Member  MGRM" = Managing Member	Gerald Dids 886 mennistn Vanda Dids
	880 mannis In Tallahe Sel, 1232312
•	
(Use attachment if necessary)  FICLE V: Effective date, if other than the	
FICLE V: Effective date, if other than the n effective date is listed, the date must be 90 days after the date of filing.)  REQUIRED SIGNATURE:	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior  ber or an authorized representative of a member.
FICLE V: Effective date, if other than the n effective date is listed, the date must be 90 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member of a may after that any false information und a may a set that any false information and the set of a member of a m	be specific and cannot be more than five business days prior ber or an authorized representative of a member.  08.408(3), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true.  ormation submitted in a document to the Department of State any as provided for in s.817.155, F.S.)
FICLE V: Effective date, if other than the n effective date is listed, the date must be 90 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member of a may after that any false information und a may a set that any false information and the set of a member of a m	be specific and cannot be more than five business days prior ber or an authorized representative of a member.  08.408(3), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true.  ormation submitted in a document to the Department of State days as provided for in s.817.155, F.S.)
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I, Karla Dides, have no intentions of Re-instating GWD Eaterprises, L.L.C. # L100000102341.

Karle Jo Disson 7.5.12

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FILED 12-5 M 4:45