

L12000097967

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

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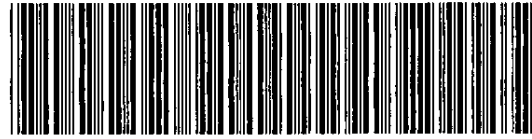
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**B. KOHR**

JUL 31 2012

**EXAMINER**



600237665816

07/25/12--01004--018 \*\*125.00

12 JUL 25 PM 4: 51

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 26, 2012

MIRIAM PEDERSEN  
9494 BAY VISTA ESTATES BLVD.  
ORLANDO, FL 32836

SUBJECT: WOODWARD, LLC  
Ref. Number: W12000039497

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 JUL 25 PM 4:51

We have received your document for WOODWARD, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

The existing entity with a similar name is WOODWARD, INC. -- Doc. Number P95000060485.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Buck Kohr  
Regulatory Specialist II

Letter Number: 112A00019698

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Woodward, LLC**  
Name of Limited Liability Company

FILED STATE  
SECRETARY OF CORPORATION  
12 JUN 25 PM 4:51

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Miriam Pedersen  
Name of Person

\_\_\_\_\_  
Firm/Company

9494 Bay Vista Estates Blvd.  
Address

Orlando, FL 32836  
City/State and Zip Code

davidpedersen@earthlink.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Miriam Pedersen at (407) 760-4642  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$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 Circle  
Tallahassee, FL 32301

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
JUL 25 PM 4:51

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

1901 WOODWARD, 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:**

9494 Bay Vista Estates Blvd.  
Orlando, FL 32836

**Mailing Address:**

9494 Bay Vista Estates Blvd.  
Orlando, FL 32836

**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:

David Pedersen

Name

1516 East Colonial Drive # 305 E

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

Orlando

FL 32803

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)

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

Mgrm

Miriam Pedersen

9494 Bay Vista Estates Blvd.

Orlando, FL 32836

Mgr

David Pedersen

9494 Bay Vista Estates Blvd.

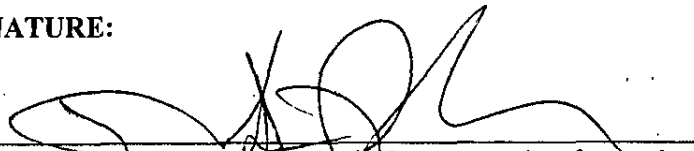
Orlando, FL 32836

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

  
Signature of a member 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.)

**David Pedersen**

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)