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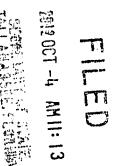
(Re	equestor's Name)	<u>, </u>
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PICK-UP	☐ WAIT	MAIL
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J. BRYAN

OCT - 5 2012

EXAMINER

COVER LETTER

	TO: Registration Section Division of Corporations					
	EWTS, LLC					
	SUBJECT: Name of Lin	nited Liability Compar	ıy			
	The enclosed Articles of Organization and fee(s) ar	re submitted for filing.				
	Please return all correspondence concerning this m	atter to the following:				
	Wayne Thagard					
		Name of Person		·		
	EWTS, LLC					
		Firm/Company		· · · · · · · · · · · · · · · · · · ·	学员	77
	9110 Old Chemonie F	₹d			ST.	LEU
		Address			S. S. F	m
	Tallahassee, FL 32309					. C
	(City/State and Zip Code				,
	ewtsllc@gmail.com					رر
	E-mail address: (to be use	•	t notification))		
	For further information concerning this matter, plea	ase call:				
	Wayne Thagard	at (850)	566-75	518		
	Name of Person	Area Code 8	& Daytime To	elephone Number		
	Enclosed is a check for the following amount:					
<u>~</u>	\$125.00 Filing Fee \$\bigset\$ S130.00 Filing Fee & Certificate of Status	\$155.00 Filing Certified Copy (additional copy	у	160.00 Fil Certificate of Certified Co (additional co)	of Status &	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrations Division of Clifton Bu	f Corporatio	ons r Circle		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

EWTS, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

TILED IN The mailing address and street address of the principal office of the Limited Liability Company is

Frincipal Office Address:	waning Address:	
9110 Old Chemonie Rd	9110 Old Chemonie Rd	
Fallahassee, FL 32309	Tallahassee, FL 32309	
		_

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:

vvayne i nagaro	
	Name
9110 Old Ch	nemonie Rd
Florida st	treet address (P.O. Box NOT acceptable)
Tallahassee	FL 32309
	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..

istered 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:

Title: "MGR" = Manager	Name and Address:
"MGRM" = Managing Member MGR ——————	Wayne Thagard 9110 Old Chemonie Rd Tallahassee, FL 32309 Wayne Thagard 9110 Old Chemonie Rd Tallahassee, FL 32309
(Use attachment if necessary)	
RTICLE V: Effective date, if other than th fan effective date is listed, the date must lor 90 days after the date of filing.)	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior
REQUIRED SIGNATURE: Signature of a members.	oer or an authorized representative of a member.
constitutes an affirmation und I am aware that any false info	08.408(3), Florida Statutes, the execution of this document ler the penalties of perjury that the facts stated herein are true, rmation submitted in a document to the Department of State ny as provided for in s.817.155, F.S.)
Wayne Thag	ard yped or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certifled Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)