

L12000127579

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

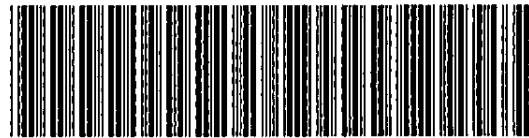
Certified Copies _____ Certificates of Status _____

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FILED
12 OCT - 4 PM 3:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

GHW Associates

Direct Marketing Services

13063 SW Pembroke Circle N

Lake Suzy, FL 34269-6914

941.625.4293

Email: ghw@ghw-associates.com Website: www.ghw-associates.com

TurnKeyDirect is a service of GHW and a LIMRA Strategic Partner

September 21, 2012

Registration Section
Division of Corporations
STATE OF FLORIDA
P. O. Box 6327
Tallahassee, FL 32314

Dear Sirs:

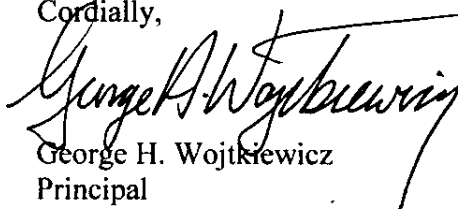
Please find my registration request for my firm to become registered as a Limited Liability Company.

Enclosed is a check for \$125.00 for payment of the fee.

Please be in touch with me if there are any questions or issues concerning my registration application.

Thank you.

Cordially,



George H. Wojtkiewicz
Principal

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GHW Associates

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:

George H. Wojtkiewicz

Name of Person

GHW Associates

Firm/Company

13063 SW Pembroke Circle NW

Address

Lake Suzy, FL 34269-~~4298~~ 6914

City/State and Zip Code

ghw@ghw-associates.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

George Wojtkiewicz

Name of Person

at (941) 625-4293

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

GHW Associates 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:

13063 SW Pembroke Circle NW
Lake Suzy, Florida 34269-~~12003~~ 6914

Mailing Address:

13063 SW Pembroke Circle NW
Lake Suzy, Florida 34269-~~12003~~ 6914

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:

George H. Wojtkiewicz

Name

13063 SW Pembroke Circle NW

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

Lake Suzy FL 34269-~~12003~~ 6914

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..

George H. Wojtkiewicz
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

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:

MGR

George H. Wojtkiewicz

13063 SW Pembroke Circle N

Lake Suzy, FL 34269-~~1000~~ 6914

(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.)

George H. Wojtkiewicz

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)