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Certified Copies	_ Certificates	s of Status
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SECRETARY OF STATE
AN LAHASSEE. FLORIDA

FEB 12 2013 J. BRYAN (850) 245-6051.

COVER LETTER

TO:

٤,

Registration Section Division of Corporations

SUBJECT

B&W Data Comm, LLC

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:

Elizabeth Hosier Name of Person B&W Data Comm, LLC Firm/Company 766 Big Tree Drive 104 Longwood, FL. 32750 City/State and Zip Code ehosier162@cfl.rr.com

For further information concerning this matter, please call:

Elizabeth l	Hosier	407 739-	0787
Name	of Person	Area Code & Daytime T	elephone Number
Enclosed is a check f	or 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

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

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

(additional copy is enclosed)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	ty Company, "L.L.C.," or "LLC.")
	FEB 1
B&W Data Comm, LLC	
(Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
	The same
ARTICLE II - Address:	
The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
766 Big Tree Drive 104	766 Big Tree Drive 104
Longwood, FL. 32750	Longwood, FL. 32750
business entity with an active Florida registration.) The name and the Florida street address of the re Wayne Copley Name	egistered agent are:
1248 Riverbreeze Blvd	
Florida street add	ress (P.O. Box NOT acceptable)
Ormond Beach	_{FL} 32176
City, Sta	te, and Zip
liability company at the place designated in the registered agent and agree to act in this capaciall statutes relating to the proper and complete	accept service of process for the above stated limited his certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of a performance of my duties, and I am familiar with historied agent as provided for in Chapter 608, F.S

(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:	Name and Address:	MISEE IN PARTY OF STATE
"MGR" = Manager		Egg B
"MGRM" = Managing Member		
MGRM	Elizabeth Hosier	SAL
	232 Avalone Dr.	M. C.
	Apopka, Fl. 32703	70, 4
		9
MGRM	Wayne Copley	7.
	1248 Riverbreeze Blvd	
	Ormond Beach, Fl. 32176	

(1)		
(Use attachment if necessary)		
LE V: Effective date, if other than th	a data of filing:	(OPTION
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or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of a mem	er or an authorized representative	of a member.
or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of a mem	er or an authorized representative of 8.408(3), Florida Statutes, the execution the penalties of perjury that the fact	of a member. ion of this document stated herein are true.
report of a member	er or an authorized representative of 8.408(3), Florida Statutes, the executi	of a member. ion of this document stated herein are true.

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)

Typed or printed name of signee