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JUN 1 0 2013 **T. HAMPTON**

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: FTWL LLC	- 11:17: G	
Name of Li	mited Liability Company	
The enclosed Articles of Organization and fee(s) a	are submitted for filing.	
Please return all correspondence concerning this m	natter to the following:	
Deirdre Baker		
	Name of Person	
FTWL, LLC	D: /6	
	Firm/Company	
2517 Pine Summit Drive East		
	Address	
Jacksonville, Florida 32211		
(City/State and Zip Code	
ftwl.tb@gmail.com E-mail address: (to be use	ed for future annual report notification)	
For further information concerning this matter, ple	ase call:	
Deirdre Baker at (904) 234-5930	
Name of Person	Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:		
■ \$125.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & □\$160.00 Filing Fee, Certified Copy (additional copy is enclosed) □\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclose	
Mailing Address	Street/Courier Address	
Registration Section Division of Corporations	Registration Section Division of Corporations	
P.O. Box 6327	Clifton Building	
Tallahaccee FI 32314	2661 Evecutive Center Circle	

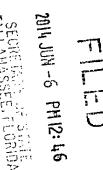
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Cor	npany is.
FTWL, LLC	
(Must end with the words "Li	imited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address	s of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2517 Pine Summit Drive East	2517 Pine Summit Drive East
Jacksonville, Florida 32211	Jacksonville, Florida 32211
The name and the Florida street address Deirdre Baker 2517 Pine Summit Drive	ss of the registered agent are: Name
	City, State, and Zip
liability company at the place design registered agent and agree to act in the all statutes relating to the proper and accept the obligations of my post	ent and to accept service of process for the above stated limited gnated in this certificate, I hereby accept the appointment as this capacity. I further agree to comply with the provisions of ad complete performance of my duties, and I am familiar with ition as registered agent as provided for in Chapter 608, F.S Baker Jent'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:

<u>Title:</u>	Name and Address:	
"MGR" = Manager "MGRM" = Managing Memb	per	
Wichtight Wanaging Weine		
MGRM	Deirdre Baker	_
	2517 Pine Summit Drive East	_
	Jacksonville, Florida 32211	-
MGR	Antonio Baker	_
	2517 Pine Summit Drive East	_
	Jacksonville, Florida 32211	-
		_
		_
		-
		_
		_
	than the date of filing: (OPTIO	
LE V: Effective date, if other effective date is listed, the date	than the date of filing: (OPTIO nte must be specific and cannot be more than five busifiling.)	
LE V: Effective date, if other effective date is listed, the date or 90 days after the date of EREQUIRED SIGNATURE:	than the date of filing: (OPTIC nte must be specific and cannot be more than five bus filing.) Dendy Baker	
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