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(Req	uestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
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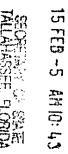


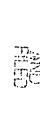
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FEBOS 2015 J. HARRIS





COVER LETTER
TO: Registration Section Division of Corporations
SUBJECT: 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:
Lauis Ward Name of Person
Firm/Company
Firm/Company
9511 Star Gate Way
Tallahassee FL. 32309 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Louis Ward at (850) 591-3682  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee U\$130.00 Filing Fee & Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
Mailing Address Street/Courier Address

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

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:
LWC, 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:  Mailing Address:
7511 Star Gate Way 9511 Star Gate Way Tallahassee, Fi 32309 Tallahassee FL 32300
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:
Lais Ward
Plorida street address (P.O. Box NOT acceptable)
Tallahassee FL FZ 32309 City 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 605, F.S.  Registered Agent's Signature (REQUIRED)
Registered Agent's Signature (REQUIRED)
(CONTINUED)
Page 1 of 2

	<u>Title:</u>	Name and Address:	
	"AMBR" = Authorized Member		
(lev	"MGR" = Manager	7511 Star Gate Way Tallahassee, Fr. 32309	
		·	
		<del></del>	
		***************************************	
ARTIC	(Use attachment if necessary)  CLE V: Effective date, if other than the date effective date is listed, the date must be s	e of filing: (OPTIONAL)	o day
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