Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (850)205-8842

Phone Fax Number

: (850)878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:			

## FLORIDA LIMITED LIABILITY CO. D.W. Key West LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

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JUN 1 9 2015 6/18/2015 T SCHROEDER

## COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJE	ECT: D.W. Key West LLC Name of Lin	nited Liability Company	
The en	closed Articles of Organization and fee(s) a	re submitted for filing.	
Please	return all correspondence concerning this m	satter to the following:	
	Dan White	Name of Person	
		Firm/Company	
	1110 Eaton St., Apt #5	Address	
	Key West, FL 33040	City/State and Zip Code	
<u>-q</u> ı	an@dideustomstone.com E-mail address: (to be use	d for future annual report notifica	tion)
For fu	ther information concerning this matter, ple	ase call:	
<u>Neil V</u>	V. Gurney, Esq. at (  Name of Person	216 ) 583-7028 Area Code Daytime Tel	ephone Number
Enclos	ed is a check for the following amount:		
□ \$125.0	00 Filing Fee \$\times \text{Certificate of Status}\$	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	St60.00 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 Adds Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Liability Company	y is;		
DW Kan Wan 1.0			
D.W. Key West LLC (Must end with the we	ords "Limited Liability	ty Company, "L.L.C.," or "LLC,")	
ARTICLE II - Address: The mailing address and street address of it	he principal office of	the Limited Linbility Company is:	
	, .		-
Principal Office Address:	Mai	Illen Address:	
1110 Eaton Street, Apt. #5		0 Enton Street, Apt. #5	
Key West, Plorida 33040	<u>Kcy</u>	West, Plorida 33040	
(The Limited Liability Company cannot see another business entity with an active Flori The name and the Florida street address of	ida registratios.)		rej ol
	C.T.Comoration Syst	tem.	
	Name	<del></del>	
12	00 South Pine Island	Road	
	1054 (P.O. Box <u>NOT</u> 1		
More	ation FL	L31324	
	lity	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 cupacity. I further agree to comply with the provisions of all statutes relating to the proper and camplete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 603, F.S.

C T Corporation System |

Registered Agent's Signature (REQUIRED)

Kristin Bolden (CONTINUED) Assistant Secretary

Page 1 of 2

9815 EIN 18 A IO 9

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	Den White
	1110 Enton Street, Apr. 85
	Key West, Florida 33040
<del></del>	
(Use attachment if accessory)	
LE V: Effective date, if other than the date of Noctive date is fisted, the date must be speci	filling:
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