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(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name	e)
(Do	ocument Number)	
Certified Copies	Certificates o	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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2015 JUN 22 PH 12: 19
SECRETARY OF STATE
SECRETARY OF STATE

JUN 2 6 2015

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: T&W Public Name of Limite	shing LLC
Name of Limite	d Liability Company
The enclosed Articles of Organization and fee(s) are su	ubmitted for filing.
Please return all correspondence concerning this matter	r to the following:
Joe Berl	Name of Person
1	Name of Person
	Firm/Company
7 67 51 /	
203 Edward	S SE Address
City/	State and Zip Code
JandWPiblishing	State and Zip Code (State and Zip Code
For further information concerning this matter, please ca	ill:
Joe Berlin at 77	766-9470
Name of Person Area	Code Daytime Telephone Number
England in a shoot for the following amount.	
Enclosed is a check for the following amount:	#145 00 PW - P - 0
\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy Certificate of Status &
	additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address	Street Address
Registration Section	Registration Section

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 FLORI	DA LIMITED LIABILITY COMPANY	13/1
ARTICLE I - Name: The name of the Limited Liability Company is:		SE JUN 23
J&W Publish	ina LLC	TALLANDARY DE PHIZ: 10
(Must end with the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")	EE, FLORIE
ARTICLE II - Address: The mailing address and street address of the principal office of	f the Limited Liability Company is:	M. C.
Principal Office Address:	Mailing Add	<u>ress</u> :
203 Edwards St	203 Edwar	ds CL

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

Joseph Berlin

Name

203 Edwards St.

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

Tallahassee FL 32364

City State 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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

Title: "AMBR" = Auth "MGR" = Manag	orized Member	e and Address:
MGR	20	oseph Berlin
MGR		Vesley Walton 03 Edwards St Valanasce, FL 32304
effective date is list	te, if other than the date of filing:	. (OPTIONAL) not be more than five business days prior to or 90 da
CLE V: Effective date is listed to of filing.) If the date inserted	te, if other than the date of filing: d, the date must be specific and can	not be more than five business days prior to or 90 datable statutory filing requirements, this date will not be
CLE V: Effective date is listed to of filing.) If the date inserted ocument's effective of	te, if other than the date of filing: d, the date must be specific and can in this block does not meet the applic ate on the Department of State's reco	not be more than five business days prior to or 90 datable statutory filing requirements, this date will not be
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