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(Red	questor's Name)	
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PICK-UP	MAIT	MAIL
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Certified Copies	Certificates	s of Status
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EFFECTIVE DATE <u>01/01/16</u>

~ 12/19/15

COVERLETTER
TO: Registration Section Division of Corporations
SUBJECT: BWD Services 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:
BRIAN DUE
BRIAN DYE Name of Person
BWD SERVICES LLC Firm/Company
Firm/Company
28 LamonT LN
Address
Palm Coast FL 32137 City/State and Zip Code B b dye b g mail. Com E-mail address: (to be used for future annual report notification)
City/State and Zip Code
E-mail address: To be used for future annual report potification)
For further information concerning this matter, please call:
, , , , , , , , , , , , , , , , , , ,
Rean Dye at (232) 803-6748 Name of Person Area Code Daytime Telephone Number
Name of Ferson Area Code Daytine Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee,

Mailing Address

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

Certificate of Status

Street Address

Certified Copy

(additional copy is enclosed)

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

Certificate of Status &

(additional copy is enclosed)

Certified Copy

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is	i.
BWD Services	LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

ARTICLE I - Name:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
28 LamoNT IN	SAMe
PALM COAST FL	
39137	

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:

BRIAN I)4 e		r
	Name		
28 LAMO	nt L	\sim	
Florida street address			
Palm Co	sast P	4 32/3	37
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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

15 DEC - | AM | 1: 1 L

SECRETARY OF STATE

<u>Title:</u> "AMBR" == A	Authorized Member	Name and Address:	
"MGR" = M	nager	D., a	
MGR		BRIAN DYE	
		PAIM COAST FL 32137	
AMBI	2	Jeanette Dye	
		28 CAMONT 'CN	-,
		PALM COASI FL 3213	
- 			
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ARTICLE IV-

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