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T. SCOTT



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COVER LETTER

10.	Division of Corporations		
SUBJE	RWST Property Investments, L	LC	
SODJE		of Limited Liabili	ty Company
The	land Aminton of Occasional action and Co	(-)1144-4	C C11
i ne enc	losed Articles of Organization and fee	(s) are submitted	for ning.
Please re	eturn all correspondence concerning the	nis matter to the f	ollowing:
	Randy W. Garrett		
		Name of	Person
		Firm/Co	mpany
	PO Box 952431		
		Addr	ess
	Lake Mary, Florida 32795		
	RWSTPropertyInvestments@gma	City/State an	d Zip Code
			nnual report notification)
For furthe	er information concerning this matter,		•
	Randy W. Garrett	407	790-1263
	Name of Person	at (Area Code	Daytime Telephone Number
Englose	d is a shook for the following amount		
	d is a check for the following amount:		0 5'1' - 5 - 0
\$125.00	Filing Fee \$130.00 Filing Fee Certificate of State	us LLCertifi	10 Filing Fee & \$160.00 Filing Fee, Certificate of Status &
		(additions	al copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing Address		Street Address
	New Filing Section		New Filing Section
	Division of Corporations		Division of Corporations
	P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle
	1 WITHINGSOV, I L. JAJ 17		2001 EACOUNTO CENTOS CITOS

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Liability	Company is:			
RWST Property Inves		······································		
(Must end w	ith the words "Limite	d Liability Company,	"L.L.C.," or "LLC.")	
ARTICLE II - Address:				
The mailing address and street ad	dress of the principal	office of the Limited	Liability Company is:	
_				
<u>Principa</u>	l Office Address:		Mailing Address:	
1386 Porzig Point		PO E	lox 952431	
Sanford		Lake	Mary	
Florida, 32771		Flori	da, 32795	
ARTICLE III - Registered Ages (The Limited Liability Company of another business entity with an ac	cannot serve as its own	n Registered Agent. Y	t's Signature: 'ou must designate an individual or	
The name and the Florida street a	ddress of the registere	ed agent are:		
	Randy W. Garrett			
		Name		
	1386 Porzig Point			
	Florida street addre	ss (P.O. Box NOT ac	ceptable)	
	Sanford	Florida	32771	
	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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager AMBR	Randy W. Garrett
AMDR	1386 Porzig Point
	Sanford, Florida 32771
	Omnore, a rocked 22771
AMBR	Susan T. Garrett
	1386 Porzig Point
	Sanford, Florida 32771
	+ 1774 P. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
	-
EV: Effective date, if other than the discrive date is listed, the date must be f filing.)	
ective date is listed, the date must be of filing.)	specific and cannot be more than five business days prior to or 90 t meet the applicable statutory filing requirements, this date will not not of State's records.
E V: Effective date, if other than the detective date is listed, the date must be of filing.) the date inserted in this block does not ment's effective date on the Departme E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a This document is exe I am aware that any fa	t meet the applicable statutory filing requirements, this date will not not of State's records. Wall Demonstrates of a member. State of a member. State of a member of a member of a member of a member. State of a member of a member of a member. State of a member of a member of a member of a member of a member. State of a member
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E V: Effective date, if other than the detective date is listed, the date must be of filing.) the date inserted in this block does not ment's effective date on the Departme E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a This document is exe I am aware that any fa	t meet the applicable statutory filing requirements, this date will not not of State's records. The member of an authorized representative of a member. Edited in accordance with section 605.0203 (1) (b), Florida Statutes, lise information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.

Page 2 of 2