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COVER LETTER

Registration Section

Division of Corporations WON				
SUBJECT: GATOR & 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:				
STANGY ROSERS Name of Person				
Name of Person				
GATOR & WON				
Firm/Company				
4877 LAKE PARK PAIE				
Address TALLAMSEE F L 3 231/ City/State and Zip Code BILL ROSERS & OUT LOOK, COM E-mail address: (to be used for future annual report notification)				
City/State and Zin Code				
Bill ROCERS @ OUT LOOK, COM				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
BILL ROSERS at (850) 570-2701				
Name of Person Area Code Daytime Telephone Number				
Enclosed is a check for the following amount:				
\$125.00 Filing Fee \$\ \text{Certificate of Status} \] \$130.00 Filing Fee & \text{Certified Copy} \\ (additional copy is enclosed) \$\text{Certified Copy} \\ (additional copy is enclosed)				
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301				

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		ì		
The name of the Limited Liability Comp	pany is: WON			
<u> </u>	4 TOR A	LLC		
(Must end with the	e words "Limited Liability Co	mpany, "L.L.C.," or "LL	.C.")	
ARTICLE II - Address: The mailing address and street address of	of the principal office of the L	imited Liability Compan	ny is:	
Principal Office	CC Address: PAYLK FC 323(1	Mailin	ng Address:	
ARTICLE III - Registered Agent, Re (The Limited Liability Company cannot another business entity with an active F	t serve as its own Registered A	d Agent's Signature: Agent. You must designa	te an individual or	
The name and the Florida street address	STAN LE	y ROSERS		
4.	877 LAKE	PARK, FA	HAMSSER	
Floi	rida street address (P.O. Box, TAILAMAISEL	FL 32	3(/	
	City State	· 7in		

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

<u>Titl</u> "AN	<u>e:</u> MBR" = Authorized Member	Name and Address:		
"MGR" = Manager		STANKY ROSERS 4877 LAKE DANK DUX TAILAMSIEE FL 32311		
	•			
,	e attachment if necessary)			
he date of fil <u>Note:</u> If the	ling.)	the applicable statutory filing requirements, this date will not be listed tate's records.		
RTICLE V	1: Other provisions, if any.			
RE	OUIRED SIGNATURE:	k) Sene		
	This document is executed in I am aware that any false inf	or an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida Statutes. Formation submitted in a document to the Department of State ony as provided for in s.817.155, F.S.		
	STAN	yped or printed name of signee		
	T T	yped or printed name of signee		

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

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