

L23000107886

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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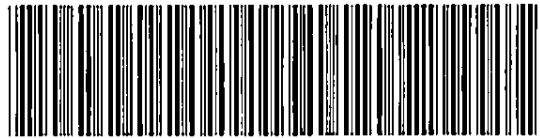
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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**CORPORATE
ACCESS,
INC.**

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236 East 6th Avenue, Tallahassee, Florida 32303

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LLC

1. **D. WOODS CONSULTING, LLC**

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

**Articles of Organization
For a
Florida Limited Liability Company**

Article I

The name of the Limited Liability Company is:
D. WOODS CONSULTING, LLC

Article II

The mailing address of the principal office of the Limited Liability Company is:
5916 HAMMOCK WOODS DRIVE
ODESSA, FLORIDA 33556

Article III

The purpose for which this Limited Liability Company is organized is:
CONSULTING SERVICES AND ANY OTHER LAWFUL PURPOSE

Article IV

The name and Florida street address of the registered agent is:
ALAN M. GROSS
4731 CENTRAL AVENUE
ST. PETERSBURG, FL 33713

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.

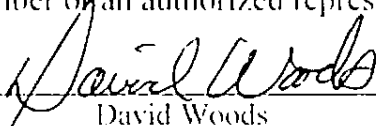
Registered Agent Signature: 

Article V

The name and address of managing members/managers are:

TITLE: MGR
DAVID WOODS
5916 HAMMOCK WOODS DRIVE
ODESSA, FLORIDA 33556

Signature of member or an authorized representative of a member:

Signature: 
David Woods

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