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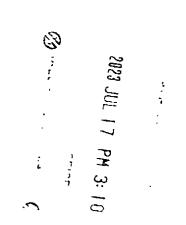
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Special Instructions to F	Filing Officer:	

Office Use Only



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COVER LETTER

TO:

New Filing Section

Division of Corporations
SUBJECT: LHW Services L.L.C.
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:
Heath Lo Williams Name of Person
Name of Person
LHW services Lol. C.
Firm/Company
14041 Rocaco Rd. Address
Address
Tall., Fl. 32309
City/State and Zip Code heath williams 01226 gnail. com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
at ()
Name of Person Area Code Daytime 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, Certificate of Status Certified Copy (additional copy is enclosed) □\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing Address Street Address
New Filing Section New Filing Section Division
Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810
Tallahassee, FL 32314 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	117		** *		
А	КΙ	IC.I	. t. I	- Na	me:

The name of the Limited Liability Company is:

LHW Services L.L.C.

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

ARTICLE II - Address:

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

Principal Office Address: Mailing Address: Rowco Rd.

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:

Heath Linwood Williams Florida street address (P.O. Box NOT acceptable) $\frac{\text{Tall.} \quad \text{Fl.}}{\text{Citv}} \quad \frac{32309}{\text{State}}$

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. Thereby 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)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. I am aware that any folse information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Hearth Lo Color (Can S) Typed or printed name of signee Filing Fees: 30.00 Certified Copy (Optional)	Title:	Name and Address:	
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