

8/21/23, 9:05 AM

Division of Corporations

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

L23000392208

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To:

Division of Corporations
 Fax Number : (850)617-6381

From:

Account Name : ALLSTATE CORPORATE SERVICES CORP
 Account Number : I20040000031
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RECEIVED
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 CORPORATIONS
 COMMERCIAL
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FLORIDA LIMITED LIABILITY CO.

CW Projects LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
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2023 Aug 21 12:10

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(((H230002892123)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CW Projects LLC

(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:955 Egret Circle, Apt. B 102Delray Beach, FL 33444955 Egret Circle, Apt. B 102Delray Beach, FL 33444

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:

Chelsea Welsh

Name

955 Egret Circle, Apt. B 102Florida street address (P.O. Box **NOT** acceptable)Delray BeachFL33444

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..

/s/ Chelsea Welsh

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2023
8:21

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

<u>AMBR</u> 	<u>Chelsea Welsh</u> <u>955 Egret Circle, Apt. B 102</u> <u>Delray Beach, FL 33444</u>
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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

/s/ Chelsea Welsh

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 false information submitted in a document to the Department of State
 constitutes a third degree felony as provided for in s.817.155, F.S.

Chelsea Welsh

Typed or printed name of signee