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Florida Department of State
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

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-01/27/98--01087--001
****293.75 ****293.75

To whom it may concern:

Please accept the attached forms for filing for a Florida Limited Liability Company.

If you have any questions, please feel free to contact us at the attached address and telephone number.

Sincerely,

Leland Warmoth

CM

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**TRANSMITTAL LETTER
FOR FLORIDA LIMITED LIABILITY COMPANY**

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: LW MANAGEMENT COMPANY, LLC
(Proposed limited liability company name - must include suffix)

Enclosed is an original and one (1) copy.

Filing fee for articles of organization of Florida Limited Liability Company:

\$250.00 Filing fee for Articles of Organization and Affidavit
\$ 35.00 Designation of Registered Agent

A letter of acknowledgement will be issued free of charge upon filing. Please submit an additional \$8.75 if a certificate of status is needed. The fee for a certified copy is \$52.50. Please send one check for the total amount made payable to the Florida Department of State.

FROM:

Leland Warmoth

Name (Printed or typed)

401 N. Pine Street

Address

New Smyrna Beach, FL 32169

City, State & Zip

904/424-9322

Daytime Telephone number

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

LW Management Company, L.C.

ARTICLE II - Address:

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

401 N. Pine Street, New Smyrna Beach, FL

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be:

July 1, 1997 to June 30, 2004

ARTICLE IV - Management:

(check and complete the appropriate statement)

- ☒ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

Leland Warmoth,

401 N. Pine Street, New Smyrna Beach, FL

32169

- ☐ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

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TALLAHASSEE, FLORIDA

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of _____
LW Management Company, L.C. deposes and says:

- 1) the above named limited liability company has at least two members
- 2) the total amount of cash contributed by the member(s) is \$ ~~293~~ ⁷⁵
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ ~~1,500~~ ⁰⁰
A description of the property is attached and made a part hereto.
- 4) the amount of cash or property anticipated to be contributed by member(s) is \$ _____
- 5) the total amounts of 2, 3 and 4 is \$ ~~1,793~~ ⁷⁵



Signature of a member or authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

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TALLAHASSEE, FLORIDA

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LW Management Company, LC

Agreed Value of Property Contributed

Lawn Mower	\$750
Tool Chest	\$75
Tree Trimmer	\$15
Blower	\$90
Weed Eater	\$75
Cordless Drill	\$50
Trailer	\$125
Hand Truck	\$30
Hedge Trimmer (Electric)	\$15
Push Broom	\$5
Long Handle Shovel	\$5
Spade	\$5
Rake	\$5
Garden Hose & Reel	\$15
Hedge Trimmer (Gas)	\$140
Assorted Hand Tools	\$100
	<u>\$1,500</u>

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TALLAHASSEE, FLORIDA

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: LW Management
Company, L.C.

2. The name and address of the registered agent and office is:

Leland Warmoth
(NAME)

401 N. Pine Street
(P. O. Box NOT ACCEPTABLE)

New Smyrna Beach, FL 32169
(CITY/STATE/ZIP)

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TALLAHASSEE, FLORIDA

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.

Leland Warmoth
(SIGNATURE)

7-1-97
(DATE)

Filing Fee: \$ 35 for Designation of Registered Agent