

L04000053942

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

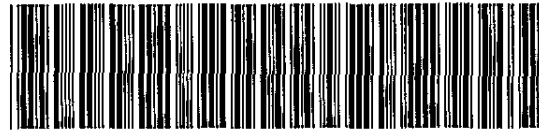
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07/21/04--01024--002 **160.00

DIVISION OF CORPORATION

04 JUL 21 AM 9:14

SECRETARY OF STATE

04 JUL 21 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRANN JUL 21 2004

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ML#2 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:

FILED
STATE
SECRETARY OF
TALLAHASSEE, FLORIDA
04 JUL 21 AM 10:22

DAVID M. LYONS
(Name of Person)

ML#2 LLC
(Firm/Company)

2800 WEST TENNESSEE ST.
(Address)

TALLAHASSEE, FL. 32304
(City/State and Zip Code)

For further information concerning this matter, please call:

DAVID M. LYONS at (850) 251-0232
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ML #2 LLC

FILED
STATE
SECRETARY OF
TALLAHASSEE
04 JUL 21
AM 10:22

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

2800 W. TENNESSEE ST.
TALLAHASSEE, FL
32304

2800 W. TENNESSEE ST.
TALLAHASSEE, FL
32304

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

DAVID M. LYONS

Name

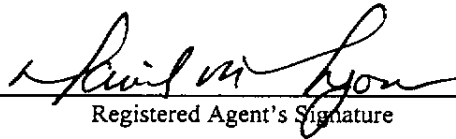
2800 W. TENNESSEE ST.

Florida street address (P.O. Box NOT acceptable)

TALLAHASSEE FL 32304

City, State, and 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 608, F.S..


Registered Agent's Signature

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

W. M. LYONS JR
2800 W. TENN. ST.
TALLAHASSEE, FL. 32304

MGRM

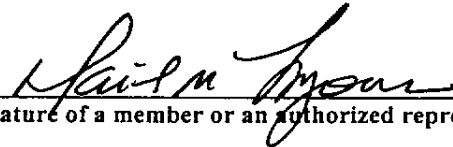
DAVID M. LYONS
2800 W. TENN. ST.
TALLAHASSEE, FL. 32304

FILED STATE
SECRETARY'S OFFICE
TALLAHASSEE, FLORIDA
04 JUL 21 AM 10:22

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

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

DAVID M LYONS

Typed or printed name of signee

Filing Fees:

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)