

L06000054607

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

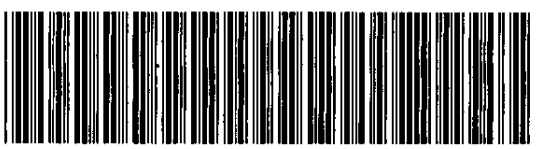
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2006 MAY 22 P 4: 10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 3 GUYS & Associate, 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:

Debra Maxwell-Samuel

(Name of Person)

3 GUYS & Associate

(Firm/Company)

P.O. Box 371

(Address)

Largo, Florida. 33779-0371

(City/State and Zip Code)

For further information concerning this matter, please call:

Debra Maxwell-Samuel

(Name of Person)

at (813) 785-4917

(Area Code & Daytime Telephone Number)

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2006 MAY 22 P 4: 10

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

3 GUYS & Associate, LLC.

ARTICLE II - Address:

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

Principal Office Address:

1302 E. Wilder Ave.

Tampa, FL. 33603

Mailing Address:

P.O. Box 371

Largo, FL. 33779-0371

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

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

Debra Maxwell-Samuel

Name

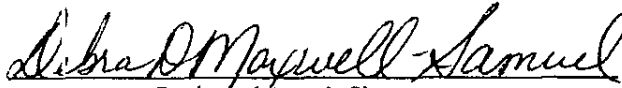
1302 E. Wilder Ave.

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

Tampa, FL 33603

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)

FILED
2006 MAY 22 P 4: 10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

MGR

Debra Maxwell-Samuel

P.O. Box 371 Largo, FL 33779-0371

MGR

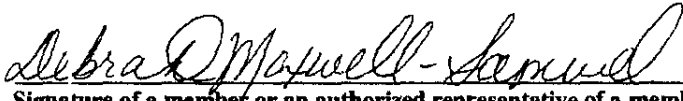
Dr. Darryl J. Bolden

1302 E. Wilder Ave. Tampa, Fl. 33603

(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.)

DEBRA MAXWELL-SAMUEL

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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2006 MAY 22 P 4: 10

FILED

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

Fredrick O. Maxwell Jr.

1302 E. Wilder Ave. Tampa, FL 33603

MGRM

Jonathan A. Maxwell

1302 E. Wilder Ave. Tampa, Fl. 33603

MGRM

Milton Roney

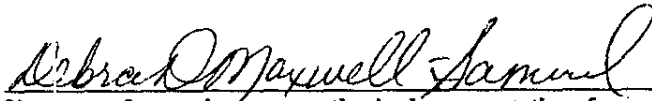
1302 E. Wilder Ave.

Tampa, Fla. 33603

(Use attachment if necessary)

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REQUIRED SIGNATURE:



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