L07000084527

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
Certified CopiesCertificates of Status
Special Instructions to Filipg Officer:
Special Instructions to Filing Officer:
AUTHORIZA TION BY PHONE TO
DORRECT SAME
MTE 8/17/07
AN DAY SILT

Office Use Only



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COVER LETTER

TO: Registration Se Division of Cor			,
SUBJECT:	AND R ENTE	erprises of f	Parama CHy L.L.C.
The enclosed Articles of	Organization and fee(s) are s	ubmitted for filing.	
Please return all correspo	ondence concerning this matte	er to the following:	
Mike	McGArtlin	Name of Person)	
MAN	ud B Enter	Porises of Augrenover	name City L. L.C.
	Drake Ave		<u> </u>
		(Address)	
PANAMA	City, FL	Orida 324 State and Zin Code)	05
For further information o	oncerning this matter, please	cali:	
Mike Mc GAR	tlin	at (<u>850</u>) <u>625</u> (Area Code & Daytime To	-8282
(Name o	of Person)	(Area Code & Daytime To	lephone Number)
Enclosed is a check for			
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Conrier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	s

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
Mand R Enterprises of Parama Crty L. L. (Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," we L.C.,")	.C.	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Com	pany is:	
Principal Office Address: Mike McGarthin 1715 Drake Ave Panama City, FL 32405 Ponama City, FL 32405 Ponama City, FL 32405	; •••	
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.)	31VIS 07	_ }::1:
The name and the Florida street address of the registered agent are:	AUG SIGN	
Mike McGartlin Name 1715 Drake Ave	of corpo	1.13.55
Florida street address (P.O. Box NOT acceptable)	RATION 2: 33	7 F 4 T
PANAMA City FL 32405 City, State, and Zip	SS IONS	-
	111 . 7	

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 (REQUIRED)

(CONTINUED) Page 1 of 2

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

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

"MGR" = Manager "MGRM" = Managing	Name and Address: Member
MGR_	Mike McGACTIN 1715 Drake Ave PANAMA City, FL 32405
MGRM	Carrie Bachel McGartlin 1715 Drake Ave PANAMA City, FL 32405
(Use attachment if nece	ssary)
	other than the date of filing: (OPTIONAL) e date must be specific and cannot be more than five business days prior ling.)
REQUIRED SIGNAT	URE:
required signat	URE: LLO ME Calle ure of a member or an authorized representative of a member.

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)