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SECRETARY OF STATE

MAR - 3 2013 T. **HAMPTON**

COVER LETTER

•		Registration Section Division of Corporations		
	SUBJEC		Manatee LLC. ted Liability Company	
	The encl	osed Articles of Organization and fee(s) are	submitted for filing.	
	Please re	turn all correspondence concerning this mat	ter to the following:	
		Mark Madonna	Name of Person	
		The Moo Moo M	lanatee U.C. Firm/Company	
		40 ParView Ct.	Address	
	۸	- 1 -	33947 y/State and Zip Code	
	_1	E-mail address: (to be associated	ANOO-COM for future annual report notificat	ion)
	For furth	er information concerning this matter, please	e call:	
	Mac	K Madonna at (9) Name of Person		ephone Number
	Enclosed	is a check for the following amount:		
	3 \$125.00	Filing Fee Status Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 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/Courier Address Registration Section Division of Corporati Clifton Building 2661 Executive Cente Tallahassee, FL 3230	ons er Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:					
The Moo Moo Manata (Must end with the words "Limi		any, "L.L.C.," or "LL	.C.")		
ARTICLE II - Address: The mailing address and street address of the principal	al office of the Limi	ted Liability Compan	y is:		
Principal Office Address:	Mailing Add	iress:			
40 Parview Ct. Rotonda West, FL 33947	40 Par	View Ct. 1 West, FL 3394	17		
ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its of another business entity with an active Florida registra	wn Registered Age		te an individ	lual or	
The name and the Florida street address of the registe	red agent are:				
-kimperly (CAY 15+10	<u></u>			
28 <u>28 SOUHM MC</u> Florida street address (P.O. 1		d. Suite 7	7.en	gleu	17,000L
Englewood &	FL 31	12214 Zip			0-(22
Having been named as registered agent and to accept the place designated in this certificate, I hereby ac capacity. I further agree to comply with the provision of my duties, and I am familiar with and accept the Cl	cept the appointment ons of all statutes re	it as registered agent i lating to the proper ai	and agree to id complete	o act in tl perform	his ance
Registered Agent's Sig	gnature (REQUIRE	D)			
(CONTI	NUED)				
Page 1	of2		SECRETA	2014 FEB 2	TI =

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MBB	Mark Madonna
	40 Par Viw Ct. Rotonda West, FL 33947
N. M. S. D.	
AMBR	Layren DiGiacomo 13592 Bantbill Ln.
	Port Charlotte, FL 33981
	,
A	
EV: Effective date, if other than the date ctive date is listed, the date must be spe f filing.)	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90 d
EV: Effective date, if other than the date ctive date is listed, the date must be spe f filing.)	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90 d
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E V: Effective date, if other than the date ective date is listed, the date must be spend filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	ecific and cannot be more than five business days prior to or 90 d
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E V: Effective date, if other than the date extive date is listed, the date must be spend filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a menusure of a m	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document
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