## STEELARK DODOOSZ98 Requester's Name 603 Glenview DR. Address

TAllAHASSER FL 859386-4959 City/State/Zip Phone #

Office Use Only

## CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

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Examiner's Initials

## ARTICLE I - Name: The name of the Limited Liability Company is: MATTOX PROPERTIES, LLC. ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: 603 Glennew De. Tallahassee FL 32303, ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida stree	et address of the re	gistered agent	are:			
	STEVE M	MATTOX	n			
	603 Glen	Name IVIEW D	P.		_	
	Florida street address		acceptable) 32303			
	City,	State, and Zip			-	-
Having been named as register liability company at the place a agent and agree to act in this carelating to the proper and compobligations of my position as re	lesignated in this ce apacity. I further a plete performance o	rtificate, I here gree to comply of my duties, an	eby accept the appoints with the provisions of ad I am familiar with a	ment as rez all statute	gistered s	! 
	Regist	ered Agent's Sig	nature		•	-
Article IV - Management (C	Check box if appl	icable.)				
The Limited Liability Co		•	manager or more ma	nagers and	d is,	
therefore, a manager - manager (An additional	4.	ided if an effe	ective date is requested		OMAY -9 PM L	
Signature o	f a member or an au	thorized repres	entative of a member.	101		7
of this docu		ffirmation under	Statutes, the execution the penalties of perjury	ATE ATE	<u>ာ</u>	
	STEVE A	MATTER N	C			

Filing Fees:

Typed or printed name of signee

\$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)