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(Requestor's Name)	
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PICK-UP WAIT MAIL	U27
(Business Entity Name)	027
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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

7 Signature Requested by: Date Time Name

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CAPITAL CONNECTION

850 222 1222 -> Griffin & Associates;

10/30 '03 16:14 NO.367

03/05

850 222 1222

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILIT

ARTICLE I - Name:

The name of the Limited Liability Company is:

& M Enterprises of

Tampa Bay, LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

10839 Bloomingdale Ave Ste 303

Riverview, FL

10839 Bloomingdale Ave Ste 303

Riverview,

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

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

John T. McPadden, Sr.

Name

10839 Bloomingdale Ave. #303

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

Riverview, \mathtt{FL}

33569

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..

(CONTINUED)

10/30 '03 16:15 NO.367 04/05

ARTICLE IV- Manager	r(s) or Managing Member(s):
The name and address of	each Manager or Managing Member is as follows:
Title.	Name and Address:

"MGR" = Manager "MGRM" = Managing Member	Traction with White Property and Control of the Con
MGRM	John T. McPadden, Sr. 10839 Bloomingdale Ave #303 Riverview, FL 33569

(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.)

John T. McPadden, Sr.

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)