

W4000037126

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

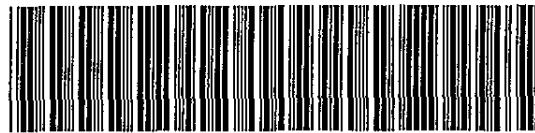
(Business Entity Name)

(Document Number)

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W4-37126
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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ashley McCammon Mayo 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:

Ashley McCammon Mayo
(Name of Person)

Ashley McCammon Mayo LLC
(Firm/Company)

1315 Gunnison Ave.
(Address)

Orlando FL 32804
(City/State and Zip Code)

For further information concerning this matter, please call:

at 407 929-6015
(Name of Person) (Area Code & Daytime Telephone Number)

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

04 MAY 10 PM 2:07

FILED

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

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

Ashley McCammon Mayo LLC

ARTICLE II - Address:

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

Principal Office Address:

1315 Gunnison Ave.

Orlando FL 32804

Mailing Address:

1315 Gunnison Ave.

Orlando FL 32804

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

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

Ashley McCammon Mayo

Name

1315 Gunnison Ave.

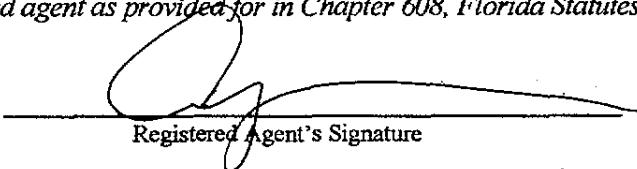
Florida street address (P.O. Box NOT acceptable)

Orlando FL 32804

FLORIDA

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, Florida Statutes..



Registered Agent's Signature

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INDEXED
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JULY 10 PM 2:07
CLERK 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

Ashley McCommon Mayo

1315 Gunnison Ave.

Orlando FL 32804

(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.)

Ashley McCommon Mayo

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)

FILED
MAY 10 2007
FLORIDA STATE
TALLAHASSEE, FLORIDA

FILED