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DIVISION OF CURPCRATION

## TRANSMITTAL LETTER

SUBJECT:	MT	DEVELOPMENT (Name of Limited Li	GROUP	LLC	
<del></del>		(Name of Limited Li	iability Company)		
he enclosed Artic	les of Organiz	ation and fee(s) are submit	ted for filing.		
lease return all co	rrespondence	concerning this matter to th	ne following:		
GLEN	/ O. ^	100RE			
	(Name	of Person)			
	•				
	(Firm/	Company)			
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2798 6	OWRENCE	ROAD			
1798 4	(Addre	ess)			04 JUN 24 AN 9:02
MARIANNA.	FL 32	4446 State and Zip Code)	•		2
· · · · · · · · · · · · · · · · · · ·	(City/S	State and Zip Code)		•	9: 0
or further informa	ation concerni	ng this matter, please call:			100
or rannor morns		ig and matter, preade earn			
	O. Mook Name of Person			<b>792 - 4178</b> ime Telephone Number	

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

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:

MT DEVELOPMENT GROUP, LLC  ARTICLE II - Address: The mailing address and street address of the principal office of the Limited I.	Liability Company is:
Principal Office Address: Mailing Address:	
2798 LAWRENCE ROAD 2798 LAWREN MARIANDA, FL 32446 MARIANDA, FL	12446 32446
ARTICLE III - Registered Agent, Registered Office, & Registered Agent The name and the Florida street address of the registered agent are:	SECRETARY TALLAHASS Signatur04 JUN 24
Name  Name  A 798 LAWRENCE ROAD  Florida street address (P.OBox NOT acceptable)	AM 9: 02
MARIANNA FL 32446 City, State, and Zip	_ 3 50+
Having been named as registered agent and to accept service of process for the liability company at the place designated in this certificate, I hereby accept the registered agent and agree to act in this capacity. I further agree to comply we statutes relating to the proper and complete performance of my duties, and I deacept the obligations of my position as registered agent as provided for in Complete performance.  Registered Agent's Signature	we appointment as with the provisions of all am familiar with and

(CONTINUED)

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

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

<u>`itle:</u> MGR" = Manager	Name and Address:		
MGRM" = Managing Member			
MGRM	GLEN O. MOORE	<u> </u>	
	GLEN O. MOORE  2798 LAWRENCE ROAD  MARIANNA, FL 32446		
MGRM	CHE TREJO	·	
	MARIANNA, FL 32446	<u> </u>	
		—————————————————————————————————————	
		TUN 24	
Use attachment if necessary)			
OTE: An additional article must b	e added if an effective date is requested.	9: 02	
EQUIRED SIGNATURE:	•	ر	

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.)

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)