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TRANSMITTAL LETTER

TO:	Registration Section Division of Corporation	•		
SUBJECT:		TOZ, LLC		
		(Name of Limited Liability Co	mpany)	
The en	closed Articles of Organiz	ation and fee(s) are submitted for i	iling.	
	Please A	turn all correspondence concernin	this matter to the following:	
Kathleen B. Owen				
(Name of Person))		
TOZ, LLC				
		(Firm/Company)	
		PO Box 14165		
		(Address)		
Maxico Beach, Florida 32410				
		(City/State and Zip (Code)	
For fu	ther information concerni	ng this matter, please call:		
Kathle	en B. Owen	at (850	, 648-4379	
(Name of Person)			ode & Daytime Telephone Number)	

STREET ADDRESS: Registration Section Division of Corporations 409 B. 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

TOZ, LLC					
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Liability Compa	ny is:			
Principal Office Address:	Mailing Address:				
1005 Cypress Lane	PO Box 14165				
Mexico Beach, Florida 32410	Mexico Beach, Florida 32410				
		-			
ARTICLE III - Registered Agent, Register The name and the Florida street address of th	red Office, & Registered Agent's Signature: te registered agent are:	1 04			
The name and the Florida street address of th		O4 AUG			
The name and the Florida street address of th	M. Thiel	04 AUG 26			
The name and the Florida street address of the	M. Thiel				
The name and the Florida street address of the Joseph Name 2007 Rob	M. Thiel	3			

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..

Page 1 of 2 (CONTINUED)

ARTICLE IV- Manager(s) or Man The name and address of each Manag	aging Member(s): ger or Managing Member is as follows:
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Kathleen B. Owen
	PO Box 13632
	Mexico Beach, Florida 32410
MGRM	Joseph M. Thiel
	PO Box 13012
	Mexico Beach, Florida 32410
MGRM	John R. Zivnuska
	PO Box 14165
	Mexico Beach, Florida 32410
(Use attachment if necessary)	
	be added if an effective date is requested.
REQUIRED SIGNATURE:	
	w B. Owen
signature of a member or as	authorized representative of a member.
(In accordance with section 6 of this document constitutes a that the facts stated herein are	08.408(3), Florida Statutes, the execution in affirmation under the penalties of perjury true.)
Kati	hleen B. Owen

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)

Typed or printed name of signee