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(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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CORPORATE ACCESS,	•	ute . Tallahassee, Florid			
INC. P.O.B	ox 37066 (32315-7066) ~	(850) 222-2666 or (800) 969-1666 . Fax ((850) 222-160	<u> </u>
	WALK	1/05 Dende	P	OS JAL Z	T
CERTIFIED COPY		cus		SSECTION	20
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#-yes. #	<u> </u>				÷ .
I.) MBT SERVIC (CORPORATE NAME & DOCUMENT 11)	es George	P, LLC	<u> </u>	, is	
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ARTICLE I - Name:		
The name of the Limite	d Liability Compa	ny is:
MBI Services Group, LLC	;	- Born
ARTICLE II - Addres		Y
		the principal office of the Limited Liability Compan
the maning accioes with		p
Principal Office Addr	ess:	Mailing Address:
6015 31st Street East		6015 31st Street East
Bradenton, FL 34203		Bradenton, FL 34203
ARTICLE III - Regist	- -	stered Office, & Registered Agent's Signature:
ARTICLE III - Regist	- -	· · · ·
ARTICLE III - Regist	da street address o	· · · ·
ARTICLE III - Regist The name and the Florid Erik	da street address o	f the registered agent are:
ARTICLE III - Regist The name and the Florid Erik	da street address o Jensen 5 31st Street East	f the registered agent are:
ARTICLE III - Regist The name and the Florid Erik	da street address o Jensen 5 31st Street East	f the registered agent are:

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..

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(CONTINUED)

Page 1 of 2

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

<u>IIfile:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Erik Jensen
WOL.	6015 31st Street East
•	Bradenton, FL 34203
Use attachment if necessary)	added if an effective date is requested.
REQUIRED SIGNATURE:	
Signature of a dremyer or	an authorized representative of a member.
(In accordance with section of this document constitute that the facts stated here:	n 608,408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury in are true.)
Patrick R. Boyd	
Typed	or printed name of signee
Filing Fees:	

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)