

LOS 0006025288

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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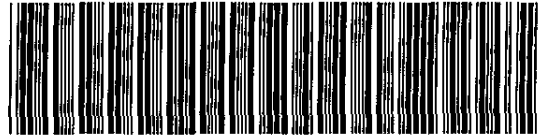
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05 MAR 11 PM 2:14
TALLAHASSEE, FLORIDA
STATE

TRANSMITTAL LETTER

ATX1

TO: Registration Section
Division of Corporations

SUBJECT: Mattrella Enterprises, 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:

Neika Cash Taylor, organizer
(Name of Person)

Select Services, Inc. and John A. McCole, CPA
(Firm/Company)

Post Office Bo x 805
(Address)

Salisbury, NC 28145-0805
(City/State and Zip Code)

For further information concerning this matter, please call:

Neika Cash Taylor, organizer at (800) 647-0027 ext 827
(Name of Person) (Area Code & Daytime Telephone Number)

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

05 MAR 11 PM 2:14
TALLAHASSEE, FLORIDA

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Mattrella Enterprises, LLC

ARTICLE II - Address:

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

Principal Office Address:

Mattrella Enterprises, LLC
8869 South East 64th Street
Newberry, FL 32669

Mailing Address:

Mattrella Enterprises, LLC
8869 South East 64th Street
Newberry, FL 32669

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

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

Lloyd M. Flores

Name

8869 South East 64th Street

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

Newberry

FLORIDA 32669

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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TALLAHASSEE, FLORIDA

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

ATX1

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:MGRMLloyd M. Flores8869 South East 64th StreetNewberry, FL 32669

(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.)

Lloyd M. Flores_____
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)

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REGISTRATION SECTION