

L0500003/680

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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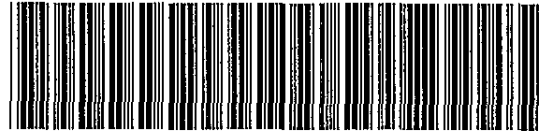
(Business Entity Name)

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**TRANSMITTAL LETTER**

TO: Registration Section  
Division of Corporations

**SUBJECT: MABRUDI, LLC**

The enclosed Articles of Organization and fee(s) are submitted for filing.  
Please return all correspondence concerning this matter to the following:

Thomas O. Kotouc  
2900 Zelda Road, Ste. A  
Montgomery, AL 36106-2608



For further information concerning this matter, please call:  
Thomas O. Kotouc at (334) 409 0088

**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

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

**ARTICLE I – Name:**

The name of the Limited Liability Company is MABRUDI, LLC.

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is: 1695 Parkside Circle, Niceville, FL 32578.

**ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Mark D. Koch  
1695 Parkside Circle  
Niceville, FL 32578

*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 provision 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.*

  
\_\_\_\_\_  
Registered Agent's Signature

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**ARTICLE IV – Manager:**

The name and address of the Manager is as follows:

**Title:**

**Name and Address:**

Manager

Mark D. Koch  
1695 Parkside Circle  
Niceville, FL 32578

**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 penalties of perjury that the facts stated herein are true).

MARK D. KOCH

Typed or printed name of signee

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