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TRANSMITTAL LETTER

	egistration Se ivision of Cos		•	 -
_		T		
SUBJECT	r:	Robert B. MacLa		
		(Name of Limited	d Liability Company)	
The enclos	ed Articles of	Organization and fee(s) are s	ubmitted for filing.	
Please retu	ırıı all corresp	ondence concerning this matte	r to the following:	
		Robert B. Ma	acLaren	
		()	Name of Person)	
	-,		acLaren, Ltd.	
		(Firm/Company)	
		50 4 0 13th Av	venue N.	
			(Address)	
		St. Petersbu	ırg, FL 33710	
	 	(City/	State and Zip Code)	
For further	information (concerning this matter, please	call:	
	_			
Lind	la L. Ma		at (727) 323-6 (Area Code & Daytime Te	
	(Name	of Person)	(Area Code & Daytime 16	nephone Number)
Enclosed	is a check fo	r the following amount:		
_	Filing Fee		\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	XX\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Q/FID In	FT ADDDECC.	REATT TRIC AT	ANDECC.
STREET ADDRESS: Registration Section			MAILING ADDRESS: Registration Section	
Division of Corporations			Division of Co	-
		Gaines Street assee, Florida 32399	P.O. Box 6327 Tallabassee, Fi	



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

May 20, 2005

ROBERT B. MACLAREN 5040 13TH AVENUE N. ST. PETERSBURG, FL 33710

SUBJECT: ROBERT B. MACLAREN, LTD.

Ref. Number: W05000025499

We have received your document for ROBERT B. MACLAREN, LTD. and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Letter Number: 905A00036531

Michelle Hodges Document Specialist

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:					
Robert B. MacLaren, Ltd. Co.					
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Company is:				
Principal Office Address:	Mailing Address:				
5040 13th Avenue N.	Same				
St. Petersburg, FL 33710					
The name and the Florida street address of the re Linda L. MacLar Name 5040 13th Avenue	ren				
Florida street addr	ess (P.O. Box <u>NOT</u> acceptable)				
St. Petersburg City. State. ar	FL 33710				
Having been named as registered agent and to a liability company at the place designated in th registered agent and agree to act in this capacity. statutes relating to the proper and complete per	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S				

(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>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Robert B. MacLaren
<u> </u>	5040 13th Avenue N.
	St. Petersburg, FL 33710
MGRM	Linda L. MacLaren
	5040 13th Avenue N.
	St. Petersburg, FL 33710
(Use attachment if necessary)	
NOTE: An additional article m	ust be added if an effective date is requested.
REQUIRED SIGNATURE:	
Signature of a me	mber 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.)

Robert B. MacLaren

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)