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(City/State/Zip/Phone #)

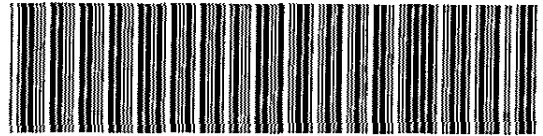
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TALLAHASSEE, FLORIDA

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MABOCA, 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:

MARGARET B. RUPPEL  
(Name of Person)

(Firm/Company)

7620 LAUREL VALLEY RD.  
(Address)

FORT MYERS, FL 33912  
(City/State and Zip Code)

For further information concerning this matter, please call:

MARGARET B. RUPPEL at ( 239 ) 267-8165  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**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:

MABOCA, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

7620 LAUREL VALLEY RD.  
FORT MYERS, FL 33912

**Mailing Address:**

7620 LAUREL VALLEY RD.  
FORT MYERS, FL 33912

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

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

MARGARET B. RUPPEL

Name

7620 LAUREL VALLEY RD.

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

FORT MYERS, FL 33912

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, F.S.*

  
Registered Agent's Signature

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Attachment: MABOCA, LLC

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

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

Title:

Name and Address:

MGRM

MARGARET B. RUPPEL  
7620 LAUREL VALLEY RD.  
FT. MYERS, FL 33912

MGRM

ROBERT RUPPEL  
7620 LAUREL VALLEY RD.  
FT. MYERS, FL 33912

MGRM

CAROLINE BLOODWORTH  
440 60 AV SO.  
ST. PETERSBURG, FL 33705

MGRM

BURNETT S. BLOODWORTH  
1411 MARAVILLA AV.  
FT. MYERS, FL 33901

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