6050000 65853

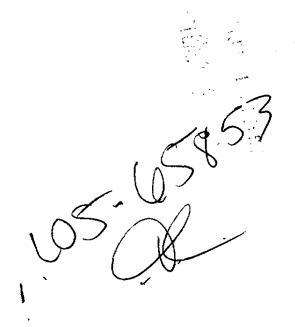
Maloy
(Requestor's Name)
(Address) (Address) (Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300054514033

05/17/05--01074--007 **125.00





May 23, 2005

MALOY P.O. BOX 764 NAPLES, FL 34106

SUBJECT: T.K. MALOY, L.L.C. Ref. Number: W05000025761

We have received your document for T.K. MALOY, L.L.C. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A post office box is not an acceptable address for the registered agent.

The designation of the registered agent must be at a Florida street address.

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) 245-6020.

Letter Number: 905A00036928

Tammi Cline Document Specialist

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION OF T.K. Maloy, L.L.C. A FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I

NAME

The name of the Limited Liability Company is T.K. Maloy, L.L.C.

ARTICLE II

The mailing address of the Limited Liability Company is:

P.O. Box 764 Naples, FL 34106

The principle office address of the Limited Liability Company is:

880 10th Avenue South #105 Naples, FL 34102

ARTICLE III

REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENTS'

SIGNATURE

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

Tom Maloy 880 10th Avenue South #105 Naples, FL 34102

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

Tom Maloy, REGISTERED AGENT

ARTICLE IV

MANAGER(S) OR MANAGING MEMBER(S)

Tom Maloy P.O. Box 764 Naples, FL 34106 Managing Member

SIGNATURES OF MANAGER(S) OR MANAGING MEMBER(S)

Signed

Printed Name

Date

Date