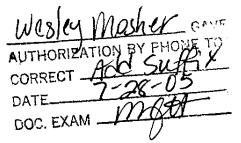
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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate	e of Status
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Special Instructions to	Filing Officer:	
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Office Use Only





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M. HODGES

07/22/05--01034--005 **130.00

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: [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:		
Wesley W. Mosher (Name of Person)		
TARZANS (Firm/Company)		
P.O. 3604 Riverview, F1 33568		
(Address)		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
Wes ky Mosher at (8/3) 727-3380 (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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Tor Zans L	LC
ARTICLE II - Address: The mailing address and street address of the prin	cipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
5537 Turkey Hollas way	P.O. 3604
5537 Turkey Hollas way Plant Clty, Fl - 33567	P.O. 3604 Riverview, Fl 3356
ARTICLE III - Registered Agent, Registered C The name and the Florida street address of the reg	ristered agent are:
	ristered agent are:
The name and the Florida street address of the reg	istered agent are:

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

Page 1 of 2 (CONTINUED)

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	Name and Address:
"MGRM" = Managing Member	
MGR	SSB 7 THOREY HOWAN WAY Plant City, FI 33567
(Use attachment if necessary)	
NOTE: An additional article must b	oe added if an effective date is requested.
REQUIRED SIGNATURE:	
Signature of a member or an	authorized representative of a member.
(In accordance with section 60	18 408(3) Florida Statutes, the execution

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)

of this document constitutes an affirmation under the penalties of perjury

Lives less WARD Mosker
Typed or printed name of signee

that the facts stated herein are true.)