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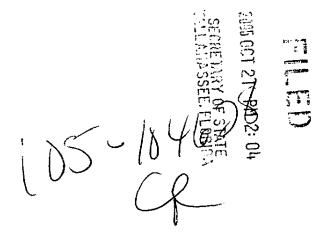
| (Re | equestor's Name) | | |
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| PICK-UP | ☐ WAIT | MAIL | |
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| Certified Copies | _ Certificates | of Status | |
| Special Instructions to Filing Officer: | | | |
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Office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



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Delle DATE

COVER LETTER

| Division of Corporations |
|---|
| SUBJECT: MacHones 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: |
| Paul McDill (Name of Person) |
| Machones of Tampa Inc (Firm/Company) |
| 19003 Falcous Pl (Address) |
| Tampa FL 33647 (City/State and Zip Code) |
| (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| (Name of Person) at (813) 215 2846 (Area Code & Daytime Telephone Number) |
| Enclosed is a check for the following amount: |
| \$125.00 Filing Fee \$\bigcup \\$130.00 Filing Fee & \$\bigcup \\$155.00 Filing Fee & Certificate of Status \$\bigcup \\$ Certified Copy \$\bigcup \\$ Certified Copy \$\bigcup \\$ Certified Copy \$\bigcup \\$ Certified Copy \$\bigcup \\$ (additional copy is enclosed) \$\bigcup \\$ (additional copy is enclosed) |
| Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Mailing Address Registration Section Division of Corporations Division of Corporations Clifton Building Tallahassee, FL 32301 |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: | |
|--|--|
| The name of the Limited Liability Company is: | |
| MacHomes | LLC |
| (Must end with the words "Limited Liability Company, "Limited | d Company" or their abbreviation "LLC," or "L.C.,") |
| ARTICLE II - Address: The mailing address and street address of the pri | incipal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 19003 Falcons Pl Tampa FL 33647 | Same |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) | cred Agent. You must designate an individual or another |
| The name and the Florida street address of the re | egistered agent are: |
| Paul Mcb | 110 |
| Name | ill |
| 1000 = 1 | A1 |
| 1903 Fall Florida street addr | ress (P.O. Box NOT acceptable) |
| | |
| - lampa | FL 3364 ⁷⁷ |
| City, State, at | ALSE ZE |
| | ccept service of process for the above stated limited is service of process for the above stated limited is serviced in the control of the co |
| | I further agree to comply with the provisions of all |
| statutes relating to the proper and complete per | formance of my duties, and I am familiar with and |
| accept the obligations of my position as regist | tered agent as provided for in Chapter, 608, F.S. |
| Marc | Well STATE 2: 04 |
| Registered Agent's Signatu | re (REQUIRED) |

(CONTINUED)
Page 1 of 2

EFFECTIVE BAILS

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: | | |
|---|---|--------------------------------|--|
| m c. K | havra McDill 1903 Folcoms P1 Tampa F-L 3364 | | |
| Marin | Dawn Walkins 19005 Falcon Pl Tampa FL 3364' | 7 | |
| | | | |
| (Use attachment if necessary) | | | |
| ARTICLE V: Effective date, if other than (If an effective date is listed, the date mus to or 90 days after the date of filing.) | the date of filing: 14 Oct 2005 (6 t be specific and cannot be more than five bus | OPTIONAL) siness days prior | |
| REQUIRED SIGNATURE: | baca. al | 2005 OCT 2 SECRETA | |
| (In accordance with of this document co | nber or an authorized representative of a member. a section 608.408(3), Florida Statutes, the execution enstitutes an affirmation under the penalties of perjury ed herein are true.) Typed or printed name of signee | RY OF STATE SSEE, FLORID. | |

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)