## L05000123300

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2005 DEC 27 P 4 23

SECRETARY OF STATE

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## COVER LETTER

TO:

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Registration Section

## FILED

Division of Corporations 2005 DEC 27 P 4: 23 SUBJECT: Mockingbird, L.L.C. SECRETARY OF STATE TALLAHASSEE, FLORIDA (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: James Viscome (Name of Person) (Firm/Company) 5732 Muirfield Village Circle (Address) Lake Worth, FL 33463 (City/State and Zip Code) For further information concerning this matter, please call: Jackie Viscome Enclosed is a check for the following amount: \$155.00 Filing Fee & \$160.00 Filing Fee, \$130.00 Filing Fee & Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed)

Mailing Address

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street/Courier Address

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Taliahassee, FL 32301

ADTICLES OF ODC AND ATION FOD EL	OPERA LIMITED LIABILITY COMPRIS
ANTICLES OF ONGANIZATION FOR FL	ORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name:	SECRETA \$ 4 23
The name of the Limited Liability Company is:	SECRETARY OF STATE TALLAHASSEE, FLORIDA
Mockingbird, L.L.C.	
(Must end with the words "Limited Liability Company, "Limite	d Company" or their abbreviation "LLC," or "L.C.,")
	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
5732 Muirfield Village Circle	5732 Muirfield Village Circle
Lake Worth, FL 33463	Lake Worth, FL 33463
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)  The name and the Florida street address of the re	ered Agent. You must designate an individual or another
James Viscome Name	
5732 Muirfield Village Ci	ircle
<del></del>	ress (P.O. Box NOT acceptable)
Lake Worth, FL 33463	म
City, State, a	nd Zip
liability company at the place designated in to registered agent and agree to act in this capacity	accept service of process for the above stated limited his certificate, I hereby accept the appointment as D. I further agree to comply with the provisions of all rformance of my duties, and I am familiar with and

Registered Agent's Signature (REQUIRED)

accept the obligations of my position as registered 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>	Name and Address: FILED
"MGR" = Manager	, <u>-</u> .
"MGRM" = Managing Member	2005 DEC 27 ₱ 4: 23
MGR	James Viscome SECRETARY OF STATE 5732 Muirfield Village Circle LAHASSEE, FLORIDA
	Lake Worth,FL. 33463
MGRM	Jackie Viscome
	5732 Muirfield Village Circle
AND	Lake Worth,FL. 33463
(Use attachment if necessary)	
TICLE V: Effective date, if other than the	e date of filing: 12/31/05 (OPTIONAL)
	be specific and cannot be more than five business days p
or 90 days after the date of filing.)	
REQUIRED SIGNATURE:	/
	M
Signature of a memb	er or an authorized representative of a member.
(In accordance with se of this document const that the facts stated	ection 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury herein are true.)
James Viscome	
Ť.	vned 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)