

LU6000008629

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

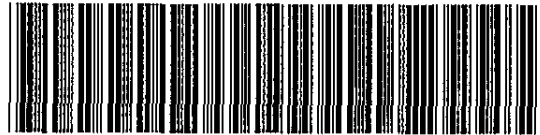
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1/24/06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2006 JAN 25 AM 11:21

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January 25, 2006

**CORPORATION NAME (S) AND DOCUMENT NUMBER (S):**

MAL, LLC

**EFFECTIVE DATE**  
1/29/06

**FILED**  
2006 JAN 25 AM 11:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Filing Evidence**

- ☒ Plain/Confirmation Copy
- ☐ Certified Copy

**Retrieval Request**

- ☐ Photocopy
- ☐ Certified Copy

**Type of Document**

- ☐ Certificate of Status
- ☐ Certificate of Good Standing
- ☐ Articles Only
- ☐ All Charter Documents to Include Articles & Amendments
- ☐ Fictitious Name Certificate
- ☐ Other

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non Profit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of RA Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Reports
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation
<input type="checkbox"/>	Reinstatement

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

ARTICLES OF ORGANIZATION  
OF  
MAL, LLC

EFFECTIVE DATE  
1/24/06

FILED  
2006 JAN 25 AM 11:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned hereby certifies that he is the Authorized Representative following Articles of Organization are hereby adopted.

ARTICLE 1.  
NAME

The name of the Limited Liability Company shall be MAL, LLC.

ARTICLE 2.  
DURATION; EFFECTIVE DATE

This Limited Liability Company shall exist perpetually, commencing as of January 24, 2006.

ARTICLE 3.  
ADDRESS; PRINCIPAL OFFICE

The mailing address of the Limited Liability Company and the street address of the principal office of the Limited Liability Company is 8701 Bay Pines Boulevard, St. Petersburg, Florida 33709.

ARTICLE 4.  
INITIAL REGISTERED OFFICE AND REGISTERED AGENT

The address of the initial registered office of the Limited Liability Company is 8701 Bay Pines Boulevard, St. Petersburg, Florida 33709 and the name of its initial registered agent at such address is Mark A. LaPrade.

ARTICLE 5.  
PURPOSE

This Limited Liability Company may engage in any activity or business permitted under the laws of the United States of America and of this State.

The undersigned, being the Authorized Representative of an initial Member of the Limited Liability Company, hereby certifies

that the foregoing constitutes the Articles of Organization of MAL, LLC.

Executed by the undersigned on January, 24, 2006.



Mark A. LaPrade  
AUTHORIZED REPRESENTATIVE

ACCEPTANCE OF APPOINTMENT OF REGISTERED AGENT  
ACKNOWLEDGMENT OF REGISTERED AGENT

Pursuant to Section 608.415, Florida Statutes, I agree to act in the capacity of Registered Agent for MAL, LLC and will comply with the provisions of all statutes relative to the proper and complete performance of my duties. I am familiar with and accept the obligations of Section 608.415, Florida Statutes.

DATED this 24 day of January, 2006.



Mark A. LaPrade

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