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(Re	(Requestor's Name)				
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(Ad	dress)				
(Ad	dr es s)				
(Cit	y/State/Zip/Phone	÷#)			
PICK-UP	MAIT	MAIL			
(8)	sin es s Entity Nan				
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Certified Copies	Certificates	of Status			
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Special Instructions to	Filina Officer:				
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Office Use Only



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SECONDATE FLORIDA

TRANSMITTAL LETTER

TO: Registration Se Division of Co				
SUBJECT:	Mattyo's, LLC			
		d Liability Company)		
The enclosed Articles o	f Organization and fcc(s) are so	ubmitted for filing.		
Please return all corresp	ondence concerning this matte	r to the following:		
	Matthew J. Luci	do		
	(1	Name of Person)		
	Mattyo's, LLC			
	(1	Firm/Company)		
	311 E. Hibiscus	Drive		
		(Address)		
	Lakeland, FL 33			
	(City/	State and Zip Code)	-	
For further information	concerning this matter, please	call:		
Matthew J. L	Lucido of Person)	at (863) 370-8 (Area Code & Daytime Te	r8 28 elephone Number)	
Enclosed is a check for	or the following amount:			
□ \$125.00 Filing Fee	■ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)		
	EET ADDRESS:	MAILING A		
	Registration Section		Registration Section	
Division of Corporations 409 E. Gaines Street		Division of Co P.O. Box 6327		
Tallahassee, Florida 32399		Tallahassee, Florida 32314		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Compa	ny is:
Mattyo's, LLC	
	and the second of the second o
ARTICLE II - Address: The mailing address and street address of	the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
311 E. Hibiscus Drive	311 E. Hisbiscus Drive
Lakeland, FL 33803	Lakeland, FL 33803
	A HOME TO THE STATE OF THE STAT
ARTICLE III - Registered Agent, Regis	stered Office, & Registered Agent's Signature:
The name and the Florida street address of	f the registered agent are:
	FQ T
Matthew J	
	Name ASS: 28
	eet address (P.O. Box NOT acceptable)
Florida str	eet address (P.O. Box NOT acceptable)
Lakeland	FL 33803 空气 元
City,	State, and Zip
liability company at the place designate registered agent and agree to act in this constatutes relating to the proper and complete accept the obligations of my position and affiliations.	and to accept service of process for the above stated limited ed in this certificate, I hereby accept the appointment as appacity. I further agree to comply with the provisions of all lete performance of my duties, and I am familiar with and s registered agent as provided for in Chapter 608, F.S
Registered 7	Agent's Signature

(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:

Title:		Name and Address:	
"MGR" = Mar "MGRM" = M	nager Ianaging Member	-	· .
MGRM		Matthew J. Lucido	
		311 É. Hibiscus Drive	-
		Lakeland, FL 33803	
MGRM		Joshua L. Patchell	
		2414 W Socrum Loop Road	- ,.
		Lakeland, FL 33810	- , , , . -
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			- <u>,</u>
			- H
			. جس
			
(Use attachme	nt if necessary)		
(- , ,		
NOTE: An a	dditional article must	t be added if an effective date is requested.	
DEOLUDEN (STONIA TOTATOR.	10	9
REQUIRED:	SIGNATURE:		ST
	11/1/	として	FILED FB 28 PM
	1 your	- h h	. 28 LF
	Signature of a memb	eror an authorized representative of a member.	골 H
	(In accordance with se	ection 608.408(3), Florida Statutes, the execution	. 23
	of this document const that the facts stated	titutes an affirmation under the penalties of perjury herein are true.)	
	Matha	W J. Lucido	H ,
		yped 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)