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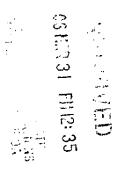
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Mortco (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:	
Michael Morton (Name of Person)	
Movt w L.L.C. (Firm/Company)	
8415 West tennessee st	
Th// F/ 32304 ELL 28 ASS 3	- ~ '1
· · · · · · · · · · · · · · · · · · ·	11-11
For further information concerning this matter, please call: Wichard Movton at (850) 472 3/76 Property Control of Person (Area Code & Daytime Telephone Number) Property Control of Person Code & Daytime Telephone Number Code & Code & Daytime Telephone Number Code & Code	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee Status Status Status Status Status Certificate of Status Certified Copy (additional copy is enclosed) \$155.00 Filing Fee Status	
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of Corporations	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:		
Marteo L.C.C.		
(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")		
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company	y is:	
Principal Office Address: MIChael Monton		
SY15 West Tennesseest Wichael Morton This F 32304 SY15 West Tennesseest This F 72304		
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)	2006 MAR 31	
The name and the Florida street address of the registered agent are: Michael Monton Name Name	1 PM 1: 06	O
Florida street address (P.O. Box NOT acceptable)	ਨ	
TAlla-bass GEFL 32304 City, State, and Zip		

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, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Memb	Name and Address:
MGKM	Michael Movinst 8415 W. Toun: ST TAIL PI 32304
	TALLAHASS
	SSEE, FLOR
(Use attachment if necessary) ICLE V: Effective date, if other	than the date of filing: (OPTIONAL)
	must be specific and cannot be more than five business days pri-
REQUIRED SIGNATURE:	
Much Signature of	Montan a member or an authorized representative of a member.
(In accordance	e with section 608.408(3), Florida Statutes, the execution ent constitutes an affirmation under the penalties of perjury

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

Michael

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee