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SECRETARY OF SIATIONS
DIVISION OF CORPORATIONS

J. BRYAN MAY 2 3. 2006

COVER LETTER

TO: Registration S Division of C			
SUBJECT:	Name of Limited Li	ability Company)	
The enclosed Articles	of Organization and fee(s) are subm	nitted for filing.	
Please return all corres	pondence concerning this matter to	the following:	
Stephe	P. M. Conn (Nam		
	(Nam	e of Person)	
MCM	Parkable Sprage, L.L.	<i>C</i> .	ose 00 00 00 00 00
	(Firm	n/Company)	A OPE
8031 5	. / -/		OBMAY 17 PH 2: 41
	(/	Address)	PH
North	Palu Bruch, FL	73408	7. L
	(City/Stat	e and Zip Code)	
For further information	n concerning this matter, please call		
Stocker ?	M: Voia at 6	(11) 15R:	ILR 1
(Nan	e of Person)	(Area Code & Daytime To	elephone Number)
Enclosed is a check	for the following amount:		
□ \$125.00 Filing Fee	Certificate of Status /C	\$155.00 Filing Fee & ertified Copy dditional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (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 Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MCM Portable Sprage, L.L.C	a
(Must end with the words "Limited Liability Company, "Limit	
ARTICLE II - Address:	
The mailing address and street address of the pi	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Jost Soth Palm Geclo	2031 South Plan Ciaclo
North folis fresh, FL 33408	North Polis Beach, Ft 33408
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.) The name and the Florida street address of the information of the property of th	registered agent are: #*Coan Circle dress (P.O. Box NOT acceptable) FL 13408

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 (REOUIRED)

(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> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	Stophen P. M. Com Jos South Poly Ciclo
MGR	Speren B. Clock. La #5
MGF	Charles A. Morrison Stop factored Ave. 8
·	
(Use attachment if necessary)	PH 2: 41
	ne date of filing: (OPTIONAL) be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Typed 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)