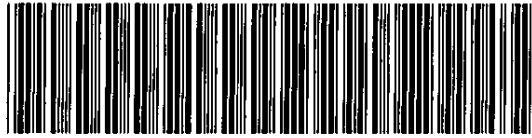


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06 JUN 12 AM 10:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

6/14
C. [Signature]

Date: June 7, 2006

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

Re: **EPPERSON ENTERPRISES, LLC**
Name of Limited Liability Company

Gentlemen:

Enclosed please find the original and one copy of the Articles of Organization.

The payment represents the fees for filing.

Please send all correspondence concerning this matter to the address below. Thank you.

Very truly yours,


Mark Epperson

MAILING ADDRESS

10088 Gifford Drive
Spring Hill, FL 34608
(352) 279-6843

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1- Name:

The name of the Limited Liability Company is:

EPPERSON ENTERPRISES, LLC

ARTICLE II- Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principle Office Address:

**10088 GIFFORD DRIVE
SPRING HILL, FL 34608**

Mailing Address:

**10088 GIFFORD DRIVE
SPRING HILL, FL 34608**


ARTICLE III – Registered Agent, Registered Office, & Registered Agent’s Signature:

The name and the Florida street address of the registered agent are:

**MARK EPPERSON
10088 GIFFORD DRIVE
SPRING HILL, FL 34608**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Having been named as registered agent and to accept service of process for the above state 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

(CONTINUED)

ARTICLE IV – Manager(s) and Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

Name and Address:

“MGR” – Manager

“MGRM” – Managing Member

MGRM

**MARK EPPERSON
10088 GIFFORD DRIVE
SPRING HILL, FL 34608**


Note: An additional article must be added if an effective date is requested.

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.)



Name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 JUN 12 AM 10:08

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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)