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SECRETARY OF STATE

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJI	CCT: MANASOTA TRANSMISSION SPECIALISTS, C.C. C (Name of Limited Liability Company)
The en	closed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	PAUL J. HALL J/ (Name of Person)
	(Name of Person)
	(Firm/Company)
	5750 Y8Th STREET CIVE
	Saleston, FC 34203 (City/State and Zip Code)
	(City/State and Zip Code)
For fur	ther information concerning this matter, please call:
	PAUL J. HAII J at (941) 545-3910 (Name of Person) (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclos	sed is a check for the following amount:
\$12 5	Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) S160.00 Filing Fee, Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Street/Courier Address Registration Section Division of Corporations Clifton Building

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is: MANASOTA TRAWMISSTOR	SPECIALISTS, L.L.C
(Must end with the words "Limited Liability Company, "Limit	ed Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the property o	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
5750 48th Street Gir E Bradenton, FL 34203	SAME
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.)	nered Agent. You must designate an individual or another
The name and the Florida street address of the i	registered agent are:
5750 48 The 4	S+Cin E Green (R.O. Roy NOT posentable) Green (R.O. Roy NOT posentable)
√ .	dress (P.O. Box NOT acceptable)
City, State,	and Zip
	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

'MGR" = Manager 'MGRM" = Managing Member	Name and Address:
MAD	Paul + HALL TV
11.015	- 5750 4873 Street 91 E
	Brahenton, FL 34203
	<u>.</u>
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	*
Use attachment if necessary)	
LE V: Effective date, if other than	the date of filing: (OPTIONA st be specific and cannot be more than five business day
LE V: Effective date, if other than fective date is listed, the date mus	the date of filing: (OPTIONA st be specific and cannot be more than five business day
LE V: Effective date, if other than fective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE:	st be specific and cannot be more than five business day
LE V: Effective date, if other than fective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE:	st be specific and cannot be more than five business day

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)