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FLORIDA DEPARTMENT OF STATE Division of Corporations

November 29, 2006

MICHAEL MASSEY P.O. BOX 256 MCINTOSH, FL 32664

SUBJECT: MASSEY & DUFFY, PLLC

Ref. Number: W06000051703

We have received your document for MASSEY & DUFFY, PLLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific purpose of the entity must be set forth in the document.

Please return your document, along with a copy of this letter, within 60 days go your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please (850) 245-6020.

Tammi Cline Document Specialist

Letter Number: 906A000686712

COVER LETTER

| TO: Registration Section Division of Corporations | | | | |
|--|--|--|--|--|
| SUBJECT: Massey & Duffy, PLLC (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 Massey (Name of Person) | | | | |
| PO Box 256 30 8 | | | | |
| MCINTON FC 32664 STAR 28 | | | | |
| (City/State and Zip Code) For further information concerning this matter, please call: | | | | |
| (Name of Person) (Name of Person) (Area Code & Daytime Telephone Number) | | | | |
| Enclosed is a check for the following amount: | | | | |
| \$125.00 Filing Fee \$\bigcup \text{\$130.00 Filing Fee & \$\bigcup \text{\$155.00 Filing Fee & \$\bigcup \text{\$160.00 Filing Fee, Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)} | | | | |
| Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Compared to the section of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | | | | |
| Please Note, this is a | | | | |
| law firm. Thus, it is a PLLC | | | | |
| (0 cm , 110) water EC Ch 621. | | | | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| The name | e of the Limited Liability Co | mpany is: | | |
|-----------------|--|----------------|---|---------------------------|
| (Must end w | ith the words "Limited Liability Com | pany, "Limited | Duffy d Company" or their abbreviation | PLLC "LLC," or "L.C.,") |
| | E II - Address: ng address and street address | s of the pri | ncipal office of the Limi | ted Liability Company is: |
| | | | | |

ARTICLE I - Name:

| Principal Office Address: | Mailing Address: | | | |
|---|--------------------------------|--|--|--|
| 527 F. University Auc Gainciville FC 32601 | PO BOX 256 MITHOLE PL 32604 | | | |
| ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signatures (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual argistration.) The name and the Florida street address of the registered agent are: | | | | |
| Name | | | | |
| _ 5 17 E. U | Injuersity Auc. | | | |
| Florida street addı | ress (P.O. Box NOT acceptable) | | | |
| -aines Ville | EL 32601 | | | |
| 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 cert. ficate, 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 (REQUIRE)

(CONTINUED)
Page 1 of 2

CFFECTIVE DATE

| 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: | | | |

| "MGR" = Manager "MGRM" = Managing Member | Michael Massey 527 E. University Ave |
|---|---|
| | Gainerville FC 32601 |
| | |
| | ZOGO NOV |
| (Use attachment if necessary) | AHASSEE. I |
| to or 90 days after the date of filing.) | specific and cannot be more than five business days prior |
| purpose: (aw firm <u>required</u> signature: | |

Signature of a member of 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 (acts 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)