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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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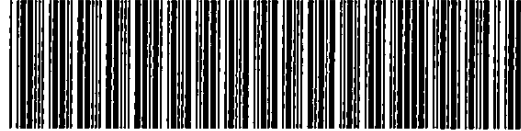
(Business Entity Name)

(Document Number)

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N. O. 10 2007

### **TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MVP Support Services, LLC

The enclosed Articles of Organization (original and one copy) and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Catherine M. Cason  
701 San Jose Rd.  
St. Augustine, FL 32086

For further information concerning this matter, please contact:

Catherine M. Cason  
904 669-8446

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I – Name:**

The name of the Limited Liability Company is:

**MVP Support Services, LLC**

**ARTICLE II – Address:**

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

**Principal Office Address and Mailing Address:**

**Office:**

701 San Jose Rd  
St. Augustine, FL 32086

**Mailing:**

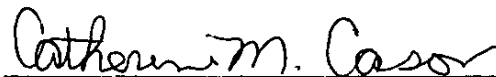
701 San Jose Rd  
St. Augustine, FL 32086

**ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Catherine M. Cason  
701 San Jose Rd.  
St. Augustine, FL 32086

*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, Florida Statutes.*

  
\_\_\_\_\_  
Registered Agent's Signature

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**ARTICLE IV – Manager or Managing Member:**

The name and address of the Managing Member and other manager (s) is as follows:

**Title:**

MGRM

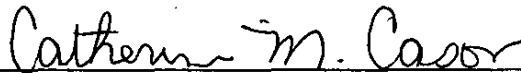
**Name and Address:**

Catherine M. Cason  
701 San Jose Rd.  
St. Augustine, FL 32086

**ARTICLE V – Effective Date:**

The effective date of organization is January 8, 2007

**REQUIRED SIGNATURE:**



Signature of Managing 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.)

Catherine M. Cason

Typed or printed name of signer

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