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## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

| MILES         | Investment? | LLC        |               |
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|             | Art of Inc. File               |
|-------------|--------------------------------|
|             | LTD Partnership File           |
|             | Foreign Corp. File             |
|             | L.C. File                      |
| <del></del> | Fictitious Name File           |
|             | Trade/Service Mark             |
|             | Merger File                    |
|             | Art. of Amend. File            |
|             | RA Resignation                 |
|             | Dissolution / Withdrawal       |
|             | Knnual Report / Reinstatement  |
|             | Cert. Copy                     |
| ·           | Photo Copy                     |
|             | Certificate of Good Standing   |
| ****        | Certificate of Status          |
| <del></del> | Certificate of Fictitious Name |
|             | Corp Record Search             |
|             | Officer Search                 |
| <del></del> | Fictitious Search              |
| ·           | Fictitious Owner Search        |
| —           | Vehicle Search                 |
|             | Driving Record                 |
|             | UCC 1 or 3 File                |
|             | UCC 11 Search                  |
|             | UCC 11 Retrieval               |

# ARTICLES OF ORGANIZATION MLE INVESTMENTS, LLC

#### **ARTICLE I - NAME**

SECRETARY OF THE PARTY OF THE P The name of the limited liability company is MLE INVESTMENTS, LLC, ("compa

#### **ARTICLE II - ADDRESS**

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

**Principal Office Address:** 

Mailing Address:

69 Mountain Lake

P.O. Box 832

Lake Wales, Florida 33898

Lake Wales, Florida 33859

### ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

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

Richard E. Straughn, Esq. 255 Magnolia Avenue Winter Haven, Florida 33883

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..

Richard E. Straughn, Esq.

#### ARTICLE IV - MANAGERS OR MANAGING MEMBERS

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

Title:

Name and Address:

"MGR" = Manager

"MGMR" = Managing Member

**MGMR** 

David Kent Evans, M.D.

P.O. Box 832

Lake Wales, Florida 33859

MGMR

Karen Bacon Evans, M.D.

P.O. Box 832

Lake Wales, Florida 33859

## **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.)

David Kent Evans, M.D.

Typed or printed name of signee