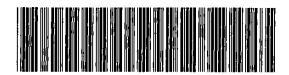
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(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
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(Document Number)			
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Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

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SECRETARY OF STATE ALLAHASSEE, FLORIDA

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COVER LETTER

Registration Section

Division of Corporations				
SUBJECT: MACKEY & MACKEY REAL ESTATE INVESTMENTS, LLC (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:				
STEVEN Mackey				
(Name of Person)				
(Firm/Company)				
2421 19TH ST 50 (Address)				
(Address)				
ST. PETERSBURG, FL 33712 (City/State and Zip Code)				
(City/State and Zip Code)				
\cdot				
For further information concerning this matter, please call: 727 768-9622				
72/ 168-1600				
STEVEN Macking at 727 867-4201				
STEVEN Mackey at (727) 867-4201 (Name of Person) (Area Code & Daytime Telephone Number)				
ZOU SE				
Enclosed is a check for the following amount:				
\$125.00 Filing Fee				
Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy				
(additional copy is enclosed) (additional copy is enclosed)				
Mailing Address Street/Courier Address				
Registration Section Registration Section				
Division of Corporations Division of Corporations				
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle				
Tallahassee, FL 32314 Tallahassee, FL 32301				

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:		
MACKEY & MACKEY REAL & (Must end with the words "Limited Liabil	STATE /NUESTMENTS	<u>, LLC</u>
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited L	Liability Company is:
Principal Office Address:	Mailing Address:	
2421 19TH ST SO ST. PETERSBURG, FL 33712	24211914 STSO	227/2
	37.7010-200113,70	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)		
The name and the Florida street address of the response of the	dress (P.O. Box NOT acceptable)	2007 OCT 29 PM 1:51 SECRETARY OF STATE TALLAHASSEE, FLORIDA
	his certificate, I hereby accept y. I further agree to comply wi rformance of my duties, and I d Stered agent as provided for in	the appointment as th the provisions of al am familiar with and
Registered Agent's Signat	ma(wen)	二张 33

(CONTINUED) Page 1 of 2

The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MBR (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing: . (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **REQUIRED SIGNATURE:** Signature of a member or an aythorized 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.) STEVEN Mackey Typed or printed same of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

ARTICLE IV- Manager(s) or Managing Member(s):

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