

LOG00000257

DARREN J. ELKIND

(Requestor's Name)

PAUL E. ELKIND, P.A.

(Address)

505 DELTONA BLVD. STE 105

(Address)

DELTONA, FL 32725

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

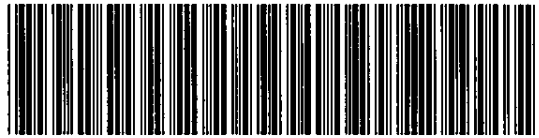
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/31/07--01032--008 **125.00

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REPLY TO: **Deltona**

December 28, 2007

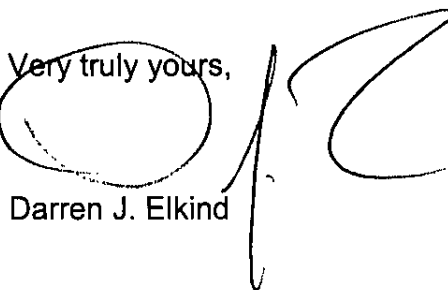
Department of State
Division of Corporations
Corporate Filings
Post Office Box 6327
Tallahassee, FL 32314

RE: New LLC Filing

Dear Sir/Madam:

Enclosed for filing, please find an original and one copy of Articles of Organization for Florida Limited Liability Company for McMaster Grassing, LLC, along with a check in the amount of \$125.00. Please return a file stamp copy in the enclosed self-addressed, stamped envelope. Thank you for your assistance in this matter. If you have any questions or need anything further, please do not hesitate to contact our office.

Very truly yours,



Darren J. Elkind

DJE/kk
Enclosures
#25719



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

McMASTER GRASSING, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

5316 New Jersey Avenue
DeLeon Springs, FL 32130

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

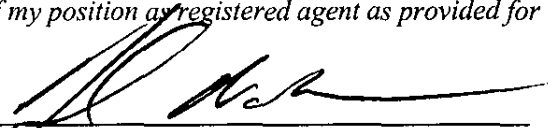
James David McMaster
Name

5316 New Jersey Avenue
Florida street address (P.O. Box **NOT** acceptable)

DeLeon Springs, FL 32130
City, State, and Zip

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TALLAHASSEE FLORIDA

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..



Registered Agent's Signature (REQUIRED)

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGMR

James David McMaster

5316 New Jersey Avenue

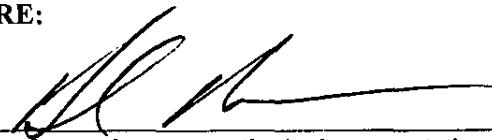
DeLeon Springs, FL 32130

(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 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.)

JAMES DAVID McMASTER

Typed or printed name of signee

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TALLAHASSEE FLORIDA

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)