

Division of Corporations

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**L08000026424**

Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
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Account Name : HUBCO  
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FLORIDA/FOREIGN LIMITED LIABILITY CO.

Got Mail of Land O Lakes LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

G. MCLEOD

MAR 14 2008

EXAMINER

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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

H08000065868

ARTICLE I - Name

The name of the Limited Liability Company is: **Got Mail of Land O Lakes 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:

21613 State Road 54

21613 State Road 54

Land O Lakes, FL 34637

Land O Lakes, FL 34637

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

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

Joy J. McDonald

Name

5706 Autumn Shire Drive

(P.O. Box or Mail Drop Box **NOT** Acceptable)

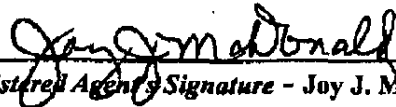
Zephyrhills, FL 33541-1961

(City / State / Zip)

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*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 - Joy J. McDonald

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

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

<u>Title:</u>	<u>Name and Address:</u>
"MGR" = Manager	
"MGRM" = Managing Member	
<u>MGRM</u>	<u>Joy J. McDonald - 5706 Autumn Shire Drive, Zephyrhills, FL 33541-1961</u>
<u>MGRM</u>	<u>Kary E. Jackson - 5706 Autumn Shire Drive, Zephyrhills, FL 33541-1961</u>
_____	_____
_____	_____

(Use attachment if necessary)

**REQUIRED SIGNATURE:**

  
 \_\_\_\_\_  
 Signature of a member or 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. )

**Joy J. McDonald**  
 \_\_\_\_\_  
 Typed or printed name of signee

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