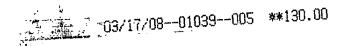
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ON MAR 17 PM 3: 42

G. MCLEOD
MAR 1 9 2008

EXAMINER

COVER LETTER

Division of Corporation	ns		
SUBJECT: MG'S	Countest Tops (Name of Limited Liabili	LLC ty Company)	
The enclosed Articles of Organiz		_	
Please return all correspondence		_	
	D. Gensler (Name of		
21105 61	runted Tops L (Firm/Con	npany)	
- 2705 37	Afe Road 60 (Address) (City/State and	ess)	
BARTOWr	(City/State and	ر 1 Zip Code)	
For further information concerns		8/3 C19 =	2407
·	n) shell at (2)	(Area Code & Daytime Telep	phone Number)
Enclosed is a check for the fo	llowing amount:		
\$125.00 Filing Fee \$\infty\$130 Cert	ificate of Status Cert	i.00 Filing Fee &ified Copy itional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regis Divis P.O.	tration Section ion of Corporations Box 6327 hassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Ci Tallahassee, FL 32301	rcle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited	Liability Company is:
MG'S Coun	the Tops LLC
(Must end	with the words "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address	• ·
	street address of the principal office of the Limited Liability Company is:
D	Malling Address
Principal Office Addre	ss: Mailing Address:
2405 Stake R	and 60 E Same
BARTOW, FI	33830
	red Agent, Registered Office, & Registered Agent's Signature:
(The Limited Liability Company business entity with an active F	cannot serve as its own Registered Agent. You must designate an individual or another lorida registration.)
The name and the Florid	a street address of the registered agent are:
<u>'K</u>	hue ANN L Genshell = 927
	Name
1/	23 Walt Williams Lot 237 was
	Florida street address (P.O. Box NOT acceptable)
La	Ke land FL 33809
	City, State, and Zip

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)

(CONTINUED)
Page 1 of 2

770°41	Name and Address
Title:	Name and Address:
"MGR" = Manager	ambor.
"MGRM" = Managing M	ember
MGR	Michael D. Grenster 2405 State Road GOE
	aund State Board Las F
į	Bun 104) Fl. 33830
	;
.	
	,
(Use attachment if necess	**
ICLE V: Effective date, if o effective date is listed, the	ther than the date of filing: $3 - 11 - 08$. (OPTIONAL date must be specific and cannot be more than five business days
ICLE V: Effective date, if o	ther than the date of filing: $3 - 11 - 08$. (OPTIONAL date must be specific and cannot be more than five business days ing.)
ICLE V: Effective date, if o effective date is listed, the 90 days after the date of fili REQUIRED SIGNATU	ther than the date of filing: 3-11-08. (OPTIONAL date must be specific and cannot be more than five business days ing.) (RE:
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