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(Requestor's Name)					
(Address)					
(Address)					
((dd / OSS)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
L. SELLERS					
SEP - 92008					
EXAMINER					

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COVER LETTER

TO:		tration S on of Co	Section orporations					
SUBJE	ECT: _	MARK	НАМВУ					
				(Name of Limi	ited Lia	bility Company)		
The en	closed A	Articles o	f Organizatio	on and fee(s) are	e submit	ted for filing.		
Please	return a	il corresi	oondence cor	ncerning this ma	itter to t	he following:		
	M;	ark H	amby		(Name	of Person)		
			•		(Naille	or reison)		
	(Firm/Company)							
		1538	Oak R	idge Plac				
					(A	idress)		
		Fern	andina	Beach, F	lori ity/State	da 32034 and Zip Code)		
For fur	ther info	ormation	concerning t	this matter, pleas	se call:			
Mark Hamby				at (904) 891-3318 (Area Code & Daytime Telephone Number)				
		(Name	of Person)			(Area Code & D	aytıme I	elephone Number)
Enclos	sed is a	check fo	or the follow	wing amount:				
□\$125 .	.00 Filii	ng Fee		Filing Fee & ate of Status	C	55.00 Filing Fe ertified Copy dditional copy is er		\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
			Division P.O. Box	on Section of Corporations		Street/Courie Registration Se Division of Co Clifton Buildin 2661 Executiv	ection orporation ng e Center	ons r Circle

FILED

SECRETARY OF STATE

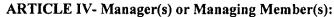
ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
MARK HAMBY LLC (Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LI.C.")			
ARTICLE II - Address:				
•	ncipal office of the Limited Liability Company is			
Principal Office Address:	Mailing Address:			
1538 Oak Ridge Place Fernandina Beach, FL 32034	1538 Oak Ridge Place Fernandina Beach, FL 32034			
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)				
The name and the Florida street address of the re	egistered agent are:			
Mark Hamby Name				
1538 Oak Ridge Pl	ress (P.O. Box <u>NOT</u> acceptable)			
<u>Fernancina Beach</u> City, State, ar	FL 32034 nd 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 SECNETARY OF SIMIL



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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Mark Hamby 1538 Oak Ridge Place Fernandina Beach, FL 32034
•	
•	
	
(Use attachment if necessary)	

ARTICLE V: Effective date, if other than the date of filing: <u>September 1, 2008(OPTIONAL)</u> (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.)

Mark A. Hamby
Typed or printed name of signee

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)

Page 2 of 2