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SECRETARY OF STATE

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COVER LETTER

TO: Registration Division of C			,
SUBJECT:	Men of The Fo	rm, 14	
	(Name of Limited 1	Liability Company)	
The enclosed Articles	of Organization and fee(s) are sub	mitted for filing.	
	pondence concerning this matter t	-	
h	Vendell R. Evans (Na Wen of the Francisco) (Fin	-	
	(Na	me of Person)	
1	Men of The Fran	16	
	(Fin	m/Company)	
	Midwy FL 3234 (City/St	, 3/vd	
,		(Address)	
	Midwy FL 3239	43	
	(City/St	ate and Zip Code)	
	n concerning this matter, please cal		
Wende // I	E of Person) at	(Y50) 591-371	4
(Nam	e of Person)	(Area Code & Daytime Telepl	none Number)
Enclosed is a check i	for the following amount:	/	
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Cir	cle

ARTICLE I - N The name of the	Vame:
	Name:
i ne name of the	article and the second of the
	E Limited Liability Company is:
	Men of The Tamily L.L.C., (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")
•	(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")
A DOWN OF THE	
ARTICLE II - A	· · · · · · · · · · · · · · · · · · ·
ine mailing add	lress and street address of the principal office of the Limited Liability Company is:
Principal Office	e Address: Mailing Address:
10110 ./.	11 > 4/1 . 2 // 2 . 4 /
1877 NIC	1020 Ruthing Pines Blud 32301 Midway Fr 32343
To11, 7C	3230/ Midway FC 32343
(The Limited Liability business entity with	Registered Agent, Registered Office, & Registered Agent's Signature: y Company cannot serve as its own Registered Agent. You must designate an individual or another an active Florida registration.) ne Florida street address of the registered agent are:
The name and th	
	The ddeus J. Colson Name
	Name
	1849 Nicklaus Dr. APT 1
	Florida street address (P.O. Box NOT acceptable)
	Florida street address (P.O. Box NOT acceptable)

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..

(CONTINUED) Page 1 of 2

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:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
······································	411 / /
	See Attached
(Use attachment if necessary) LE V: Effective date, if other than	the date of filing: (OPTIONAL
LE V: Effective date, if other than fective date is listed, the date mus days after the date of filing.) REQUIRED SIGNATURE:	t be specific and cannot be more than five business days
LE V: Effective date, if other than iffective date is listed, the date mus days after the date of filing.) REQUIRED SIGNATURE:	t be specific and cannot be more than five business days
LE V: Effective date, if other than if fective date is listed, the date mus days after the date of filing.) REOUIRED SIGNATURE: Signature of a men of this document co	t be specific and cannot be more than five business days
LE V: Effective date, if other than if fective date is listed, the date mus days after the date of filing.) REOUIRED SIGNATURE: Signature of a men of this document co	mber or an authorized representative of a member. a section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury.
LE V: Effective date, if other than ifective date is listed, the date mus days after the date of filing.) REQUIRED SIGNATURE: Signature of a men (In accordance with of this document contact that the facts state)	nber or an authorized representative of a member. section 608.408(3), Florida Statutes, the execution onstitutes an affirmation under the penalties of perjury ed herein are true.)
LE V: Effective date, if other than if fective date is listed, the date must days after the date of filing.) REOUIRED SIGNATURE: Signature of a men (In accordance with of this document conthat the facts state) Filing Fees:	nber or an authorized expresentative of a member. a section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury ed herein are true.) Typed or printed name of signee
LE V: Effective date, if other than iffective date is listed, the date must days after the date of filing.) REOUIRED SIGNATURE: Signature of a men (In accordance with of this document con that the facts state)	nber or an authorized expresentative of a member. a section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury ed herein are true.) Typed or printed name of signee

Page 2 of 2

Men Of The Family L.L.C.

Article IV- Manager(s) or Managing Member(s)

Title: MGR	Name Tim Bryant	Address 1849 Nicklaus Dr Apt #1 Tallahassee, FL 32301
MGR	Obidiah Rhodes	1435 Kingford Ave Tallahassee, FL 32310
MGR	Crosby Whitaker	2154 Burnt Pines Lane Tallahassee, FL 32317
MGR	Shelly Baity	5560 Dayflower Circle Tallahassee, FL 32311
MGR	Bruce Adams	3431 Chateau Dr San Antonio, Texas 78219
MGR	Ramon Evans	1020 Rustling Pines Blvd Midway, FL 32343
MGR	Thaddius Colson	1849 Nicklaus Dr. Apt #1 Tallahassee, FL 32301
MGR	Jarees Baity	5560 Dayflower circle Tallahassee, FL. 32311