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Special Instructions to f	Filing Officer:	

Office Use Only



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DEFINITION OF STATE OF STATE OF CORPORATION

RECEIVED
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FILED

T. HAMPTON

SEP 2 4 2008

EXAMINER

COVER LETTER

ľO:	Registration : Division of C			
SUBJE	ест:Д/	CName of Limited Li	ability Company	LC_
The en	closed Articles o	of Organization and fee(s) are subn	nitted for filing.	
lease	return all corres	pondence concerning this matter to	the following:	
	Rick	y C Mashe	oe of Person)	
	Mas	shburn M	asomery	
	77	Martin	S L . Address)	
	- () u	TMCY, Mer, City/Sta	3235 (te and Zip Code)	
For fur	ther information	concerning this matter, please call	l:	
RI	cky L	Mashbury at a of Person)	(850) 875 (Area Code & Daytime Tele	-1689 phone Number)
Enclos	sed is a check t	for the following amount:		
] \$125.	.00 Filing Fee	Certificate of Status	\$155,00 Filing Fee & 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 C	ircle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Com	pany is:
Mashbury H	Tasak Company, "L.L.C.," or "LLC.")
(Must end with the words "Lim	ited Liability Company, "L.L.C.," or "LLC.")
	/ of the principal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
77 Martin St QUINCY, 71a. 32351	
	gistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another
The name and the Florida street address Ricky L	of the registered agent are: . Mashburn Name
22 Mar	tin St.

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.

GUINCY FL 7/a.

Florida street address (P.O. Box NOT acceptable)

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

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:	
MGRM	Rich L mashbury	
MGRM	Jamacy, Fla. 3231 Jamacy, Flas Holt 517 Hogan Ln Quincy, Fl 3251	!
· · · · · · · · · · · · · · · · · · ·		
		
(Use attachment if necessary)		
RTICLE V: Effective date, it other than If an effective date is listed, the date mus o or 90 days after the date of filing.) REQUIRED SIGNATURE:	the date of filing: (OPTIONAL) It be specific and cannot be more than five business days pri	or
Ruk Signature of a me	mer or an authorized representative of a member.	
of this document of that the facts state	n section 608.408(3), Florida Statutes, the execution onstitutes an affirmation under the penalties of perjury ed herein are true.)	
RICK	Typed or printed name of signee EG &	
Filing Fees:	Organization and Designation	
\$125.00 Filing Fee for Articles of C	rganization and Designation	
of Registered Agent \$ 30.00 Certified Copy (Optional)	mon Ber M	•
\$ 5.00 Certificate of Status (Option		
	Page 2 of 2	