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(Reque	estor's Name)	
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(City/S	tate/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Busine	ess Entity Na	me)
(Docur	nent Number))
Certified Copies	Certificate	s of Status
Special Instructions to Filin	ng Officer.	





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SECRETARY OF STATE
SECRETARY OF STATE

J. BRYAN

APR - 3 2009

EXAMINER

COVER LETTER

	ision of Co			
SUBJECT:	TOI	CAT HOLDINGS, LL	C	
		(Name of Limited	l Liability Company)	· · · · · · · · · · · · · · · · · · ·
The enclosed	d Articles of	Organization and fee(s) are su	ubmitted for filing.	
Please return	all correspo	ondence concerning this matte	r to the following:	
	J. MAI	RK BRITTAIN		OO AP
		(1)	Name of Person)	100 T
	SMITI	H, WELCH & BRITTA	IN, LLP	APR -2 AH II: 30
	-	(1	Firm/Company)	TIG T
	280 C	OUNTRY CLUB DR., S	SUITE 200	021
			(Address)	T.
	STOC	KBRIDGE, GA 30281		
		(City/	State and Zip Code)	
For further in	nformation o	oncerning this matter, please of	call:	
J. MARK	BRITTA (Name o	of Person)	at (phone Number)
Enclosed is	a check for	the following amount:		
⊒\$125.00 Fi	iling Fee 【	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & X 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 Ci	ircle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ability Company, "L.L.C.," or "LLC.")	である。
ability Company, "L.L.C.," or "LLC.")	
	- 555 P H
principal office of the Limited Liability	Company 182
Mailing Address:	
2574 EMERALD DRIVE	•
JONESBORO, GA 30236	
gistered Agent. You must designate an individual or a e registered agent are:	nother
e Pank Dr. Ste. 4. address (P.O. Box NOT acceptable) FL 33331	
2	Mailing Address: 2574 EMERALD DRIVE JONESBORO, GA 30236 ed Office, & Registered Agent's Signal state Agent. You must designate an individual or a cregistered agent are: VICES / Loc. Park Dr. Ste, 4- didress (P.O. Box NOT acceptable)

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) 1851. Sec.

(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	Name and Address:
"MGRM" = Managing Memb	er
MGRM	PHILLIP CORBIN
	2574 EMERALD DRIVE
	JONESBORO, GA 30236
	- S S S S S S S S S S S S S S S S S S S
	TO PR
	1888 1888
	SEE: PLORING STATE
	22 9
(Use attachment if necessary)	
TFV: Effective data if other t	than the date of filing: (OPTIONAL)
ffective date is listed, the date	must be specific and cannot be more than five business days pri
days after the date of filing.)	
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	M. B -
	member or an authorized representative of a member.
Signature of a	a member or an authorized representative of a member. we with section 608.408(3), Florida Statutes, the execution

J. MARK BRITTAIN

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)