# 10900057277

(Red	questor's Name)	
(Add	dress)	
(Ada	dress)	
(City	//State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nar	me)
(Doo	cument Number)	· · · · · · · · · · · · · · · · · · ·
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	

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DEGALLA LACE OF STATE
DIVISION OF CORPORATIONS
TALBAHASSEELFLORIDA

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09 JUN 12 PM 4: 33
SECRETARY OF STATE
ALLAHASSEE, FLORID,

T. CLINE

JUN 12 2009

**EXAMINER** 

### **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT:	th Wa	ted Liability Company	
The enclosed Articles of	Organization and fee(s) are	submitted for filing.	
Please return all corresp	ondence concerning this mat	ter to the following:	
···································	Matt	Worner Name of Person	
		Firm/Company	
		Address	
5853	eauntry 1	iving Circle Lot 13 ty/State and Zip Code	32311
		for future annual report notification)	
For further information of	concerning this matter, pleas		
Matt War	ner	at ( <u>\$50</u> ) <u>\$76-1</u> Area Code & Daytime Telep	756
Name o	t Person	Area Code & Daytime Telep	hone Number
Enclosed is a check fo	r the following amount:		
125.00 Filing Fee	\$130.00 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 seeded)
	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 Tallahassee, FL 32301	UN 12 PH 4: 33 RETARY OF STATI HASSEE, FLORIG

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Mattend with the words "Limited Liability	Company," "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
5853 Country living Circu	Some
2231	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	ed Agent. You must designate an individual or another
The name and the Florida street address of the reg	gistered agent are:
Matt Warner	<u> </u>
Name	
5853 County Florida street address (P.O. B	ox NOT acceptable)
Tallalance-	FL 32311
liability company at the place designated in thi registered agent and agree to act in this capacity. statutes relating to the proper and complete perf	cept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and ered agent as provided for in Chamo608, F.S
(CONTINU	FLORID ED)

## 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:

MGR" = Manager MGRM" = Managing Member MGYM	
ngrn	
U	Matt Warner 7853 Country living cine
· 	
<del></del>	
Use attachment if necessary)	
77 T 77 CO . 1	
	date of filing: (OPTIONAL specific and cannot be more than five business day
ective date is listed, the date must be lays after the date of filing.)	
ective date is listed, the date must be lays after the date of filing.)  EEQUIRED SIGNATURE:	
ective date is listed, the date must be lays after the date of filing.)  EEQUIRED SIGNATURE:  Signature of a member  (In accordance with sections)	or an authorized representative of a member.  tion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury
EEQUIRED SIGNATURE:  Signature of a member  (In accordance with sect of this document constituted that the facts stated here	or an authorized representative of a member.  tion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury ein are true.
EEQUIRED SIGNATURE:  Signature of a member  (In accordance with sect of this document constituted that the facts stated here	e specific and cannot be more than five business day  or an authorized representative of a member.  tion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury
EEQUIRED SIGNATURE:  Signature of a member  (In accordance with sect of this document constitute that the facts stated here  Typ	or an authorized representative of a member.  tion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury ein are true.