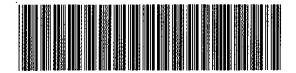
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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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## **COVER LETTER**

CLUB ARI COT	MATANO	O PROPERTIES, LLO	?
SUBJECT:		ed Liability Company	<del></del>
The enclosed Articles of	Organization and fee(s) are	submitted for filing.	
Please return all correspondent	ondence concerning this matt	ter to the following:	
	Mau	rice W. Mascoe	
		Name of Person	SEC FALL
	Matan	co Properties, LLC	A Dis
		Firm/Company	ASSEI
	F	O Box 2104	100
		Address	STAT LORI
	Wind	lermere, FL 2103	D.F.
	Cit	y/State and Zip Code	
	maurice E-mail address: (to be used f	mascoe@gmail.com or future annual report notification)	
For further information of	concerning this matter, please		
	W. Mascoe		421-1217
Name o	of Person	Area Code & Daytime Tel	ephone 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 enclosed
	Mailing Address	Street/Courier Addres	<b>s</b>
	Registration Section	Registration Section	
	Division of Corporations P.O. Box 6327	Division of Corporation Clifton Building	18
	Tallahassee, FL 32314	2661 Executive Center Tallahassee, FL 32301	Circle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

<b>ARTICLE I - Name:</b> The name of the Limited Liability Comp	any is:		
Matanco F  (Must end with the words "Limi	Properties, LLC. ted Liability Company," "L.L.C.," or "LLC.")	_	
ARTICLE II - Address:			
The mailing address and street address o	f the principal office of the Limited Liability	y Company is:	
Principal Office Address:	Mailing Address:	2009 AUG SECRETA TALLAHA	
8831 Elliott's Court	Post Office Box 2103		***
Orlando, Florida 32836	Windermere, Florida 34876	G-6	-
business entity with an active Florida registration.)	istered Office, & Registered Agent's Sign wn Registered Agent. You must designate an individual or	PH 2: 06	ここに
The name and the Florida street address	of the registered agent are.		
Edv	vard Storey III Name		
	dena Place, Suite A ess (P.O. Box <u>NOT</u> acceptable)		
<u>Orlando, Florida</u> City,	32803 FL , State, and Zip		
Having been named as registered agent	and to accept service of process for the abov	e stated limited	

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

"MGR" = Manager "MGRM" = Managing Me	Name and Address:
MGRM	Maurice W. Mascoe PO Box 2103 Windermere, Florida
MGRM	Evet C. Mascoe  8831 Elliott's Court  Orlando, Florida  Contraction of the count of
	Y OF STATE FE, FLORIDA
(Use attachment if necessal	ry)
CLE V: Effective date, if oth	er than the date of filing: (OPTIONAL)
CLE V: Effective date, if oth ffective date is listed, the date of filin REQUIRED SIGNATUR	ner than the date of filing:  Ate must be specific and cannot be more than five business days priceg.)  E:  Auren Mayer
CLE V: Effective date, if other effective date is listed, the date of days after the date of filing REQUIRED SIGNATUR  Signature  (In accordate of this document)	ner than the date of filing: (OPTIONAL)  ate must be specific and cannot be more than five business days price  g.)  E: