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(Address)			
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J. BRYAN

SEP 18 2009

EXAMINER

COVER LETTER

	tration Section on of Corporations			
SUBJECT: Middle Ton's Caspentages more LLC Name of Limited Biability Company				
The enclosed Articles of Organization and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
	enald Middleton From Pare of Person			
	Firm/Company			
\mathcal{M}				
	Address			
57	Tower Rt Flo 32358			
	. City/State and Zip Code			
	E-mail address: (to be used for future annual report notification)			
For further info	ormation concerning this matter, please call:			
Gers / d Middle lon at (850) 273-2263 Name of Person Area Code & Daytime Telephone Number				
Enclosed is a	check for the following amount:			
\$125.00 Filir	ng Fee \$\int \\$130.00 \text{ Filing Fee & } \int \\$155.00 \text{ Filing Fee & } \int \\$160.00 \text{ Filing Fee, } \int \text{ Certificate of Status & } \text{ Certified Copy } \text{ (additional copy is enclosed)} \text{ Certified Copy } \text{ (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 Circle Tallahassee, FL 32301			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:			
Middle ton's eprentity + more UC (Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:			
Principal Office Address: Mailing Address:			
5 Tover Rd. Same			
Anacea Fl 32358			
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)			
The name and the Florida street address of the registered agent are: Creal + Middleton Name Stewart Address (P.O. Box NOT acceptable) Florida street address (P.O. Box NOT acceptable) City, State, and Zip City, State, and Zip			
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

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:		
"MGR" = Manager "MGRM" = Managing Member			
MGRM	Gerald MiddleTon Stowered 1 32358		
MCRM	Josh Middle ton FOBOX 4277 Lanark Village, F/32323		
			
(Use attachment if necessary)			
	date of filing: (OPTIONAL) specific and cannot be more than five business days prior		
REQUIRED SIGNATURE: Signature of a member	or an authorized representative of a member.		
(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)			
Тур	ed 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)	ORD E		
5 5.00 Certificate of Status (Optional)	5m 2		