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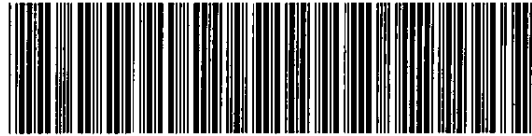
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

SEP 28 2009

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Matt 14, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

W. Wade Wallace

Name of Person

W. Wade Wallace, P.A.

Firm/Company

10221 W Emerald Coast Pkwy., Suite 26

Address

Miramar Beach, FL 32550

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

W. Wade Wallace

at (850) 837-0155

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for 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

**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**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**Articles of Organization for
Matt 14, LLC,
a Florida Limited Liability Company**

The undersigned subscriber to these Articles of Organization, a natural person competent to contract, hereby forms a limited liability company under the laws of the State of Florida, providing for the formation, rights, privileges, and immunities of limited liabilities companies for profit. He further declares that the following Articles shall serve as the Charter and authority for the conduct of business of the limited liability company.

Article I. Name and Principal Place of Business

The name of the limited liability company will be **Matt 14, LLC**. Its principal office and mailing address will be located at 310 Rue Caribe, Miramar Beach, Florida 32550.

Article II. Management

Management of this limited liability company is reserved to its organizer and member, whose name and address is as follows:

Matthew Henshaw	310 Rue Caribe
	Miramar Beach, Florida 32550

Article III. Effective Date

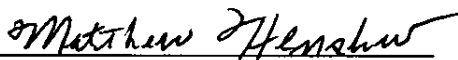
The effective date of this limited liability company and these Articles of Organization is upon date of filing.

Article IV. Initial Registered Office and Registered Agent

The name of the limited liability company's initial registered agent is W. Wade Wallace, whose address is W. Wade Wallace, P.A., 10221 W Emerald Coast Parkway, Suite 26, Miramar Beach, Florida 32550.

IN WITNESS WHEREOF, for the purpose of forming this limited liability company under the laws of the State of Florida, the undersigned, being the original member of the limited liability company, certifies that this instrument constitutes the proposed Articles of Organization of **Matt 14, LLC**.

Executed by the undersigned on this 18th day of September, 2009.


Matthew Henshaw
310 Rue Caribe
Miramar Beach, Florida 32550

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF FLORIDA
COUNTY OF WALTON

The forgoing instrument was acknowledged before me this 18th day of September, 2009,
by Matthew Henshaw, (X) who is personally known to me or () who produced the
following as identification: NIA

WITNESS my hand and seal this 18th day of September, 2009.

Affix Seal:



Danice M. Wallace

Type Name: _____

NOTARY PUBLIC

My Commission Expires: _____

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TALLAHASSEE, FLORIDA

Pursuant to the provisions of Sections 608.415 and 608.407(1)(c) of the Florida Limited Liability Company Act, **Matt 14, LLC**, submits the following statement in designating its registered office and registered agent in the State of Florida:

The name of the registered agent for **Matt 14, LLC**, is W. Wade Wallace, whose address is W. Wade Wallace, P.A., 10221 W Emerald Coast Parkway, Suite 26, Miramar Beach, Florida 32550.

Having been named as registered agent to accept service of process for the above stated limited liability company at the place designated in this certificate, I am familiar with and 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.

W. Wade Wallace
W. Wade Wallace
W. Wade Wallace, P.A.
Registered Agent

9/18/09
Date

Matthew Henshaw
Matthew Henshaw
Managing Member

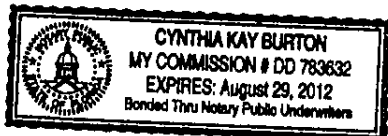
9/18/2009
Date

STATE OF FLORIDA
COUNTY OF WALTON

The forgoing instrument was acknowledged before me this 18th day of September, 2009, by W. Wade Wallace, (☒) who is personally known to me or (☐) who produced the following as identification: _____

WITNESS my hand and seal this 18th day of September, 2009.

Affix Seal:



Cynthia K. Burton
Type Name: Cynthia K. Burton
NOTARY PUBLIC
My Commission Expires: Aug 2012

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TALLAHASSEE, FLORIDA