~ 210000012057

(Requestor's Name)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
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EFFECTIVE DATE 1/24/10



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SECRETARY OF STATE
TALLAHASSEE, FI ORIGINA

D. BRUCE

FEB 2 2010

EXAMINER

COVER LETTER

TO:	Registration Division of C			
SUBJE	ECT:		Loy Lynn LLC	
Name of Limited Liability Company				
The en	closed Articles	of Organization and fee(s) are	submitted for filing.	
Please	return all corres	pondence concerning this ma	tter to the following:	
			Brent Cutlip	
			Name of Person	
Two Men And A Truck				
Firm/Company				
379 W. Michigan st.SUite 200				
			Address	
	Orlando, FL 32806			
City/State and Zip Code				
-		F-mail address: (to be used	Cutlip@twomen.com for future annual report notification)	SSE
For fur	ther information	concerning this matter, pleas	• ,	PH SH
		ent Cutlip	at (321) 202 Area Code & Daytime Telepho	-6271 Sm 5
Enclos	ed is a check f	or the following amount:		
]\$ 125.	00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	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 Circ Tallahassee, FL 32301	ie

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Liability Company	is:		
Loy Lyr			
(Must end with the words "Limited L	iability Company," "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
379 W. Michigan St. Suite 200 Olrando.FL 32806	379 W. Michigan St. Suite 200 Olrando,Fl 32806		
(The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.) The name and the Florida street address of the serve as its own R business entity with an active Florida registration.)	SSA		
	nt Cutlip Fig. 2 In		
110	zante Court		
3934 Mu	zante Court		
Florida street address (P.O. Box <u>NOT</u> acceptable)			
Oirando,fl 32806	FL		
City, Stat	te, and Zip		
liability company at the place designated registered agent and agree to act in this capa statutes relating to the proper and complete accept the obligations of my position as r	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of all experiormance of my duties, and I am familiar with and registered agent as provided for in Chapter 608, F.S		

(CONTINUED)

CECECTIVE DATE 1/36/10

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" = Manag "MGRM" = Man		
MGRM		Brent Cutlip
		3934 Muzante Ct.
		Olrando, Fl 32806
MGRM	<u> </u>	Jamie Cutlip
		3934 Muzante Ct.
		Olrando,FL 32806
	_	

(Use attachment i	f necessary)	
	ed, the date must be sp	e of filing: January, 26 2010 (OPTIONAL) ecific and cannot be more than five business days prior
REQUIRED SIC	1) Nui	an authorized representative of a member.
	(In accordance with section of this document constitute that the facts stated herein a	608.408(3), Florida Statutes, the execution as an affirmation under the penalties of perjury are true.)
		Brent Cutlip
	Typed	or printed name of signee
#2515 _ #2		

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)