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SECRETARY OF STATE DIVISION OF CORPORATIONS

T. HAMPTON

MAR 1 0 2010

EXAMINER

COVER LETTER

Division of Corporations
SUBJECT: T. M.H. Muchanical 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:
Louis Otyothar Name of Person
TM.H. Machanica LLC
6911 Gaorgawood Lana Suite I Address
Uacksonville 7/A. 32254 City/State and Zip Code
Styother Ali @ Jamo. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
LOUIS Strottor at GOU 118-1466 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee Certificate of Status □\$155.00 Filing Fee Certified Copy (additional copy is enclosed) □\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
(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:
G911 Georgevood LA Jax FL 32259 Stute 1 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:
Name 10700 Brandon Chase Druk Florida street address (P.O. Box NOT acceptable) Fuckson villefl 32219 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

10 MAR -9 AM III AP

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MG.h.	Louis Strother 6911 Gaorgawood LAWG Orckson villa, Florida 32254
W.G.A.	Krystle Hawison Gil Gaorgiusse (AND Judgsonvilla, Florida-32254
	•
(Use attachment if necessary) ETICLE V: Effective date, if other than the an effective date is listed, the date must be properly after the date of filing.)	e date of filing: (OPTIONAL) De specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
Signature of a memb	er or an authorized representative of a member.
(In accordance with see of this document consthat the facts stated he	ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury erein are true.)
Louis	yped or printed name of signee
Filing Fees:	5 200

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\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)