10000056127

<u> </u>	(Requestor's Name)			
	(Address)			
	(Address)			
	(City/State/Zip/Phone #)			
PICK-UF	P WAIT MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of Status			

Special Instructions to Filing Officer:

L. SELLERS

MAY 2 5 2010

EXAMINER

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO:	Registration S Division of Co		,	•	
SUBJE	SUBJECT: Martohue Mediation Services, LLC				
		Name of Limit	ed Liability Company		
The end	closed Articles o	f Organization and fee(s) are	submitted for filing.		
Please r	eturn all corresp	ondence concerning this mat	ter to the following:		
	Deborah L. M	lartohue, Esq.			
-			Name of Person		
<u>-</u>	Martohue Me	diation Services, LLC			
			Firm/Company		
	2429 Central Avenue, Suite 203				
			Address		
	St. Petersburg, FL 33713				
•		Cit	y/State and Zip Code	•	
-	dmartohue@r	nartohuemediation.com	c. c		
			for future annual report notification)		
For furt	her information	concerning this matter, please	e call:		
Deborah L. Martohue at (727) 321-5263					
	Name	of Person	Area Code & Daytime Telep	shone Number	
Enclose	ed is a check fo	or the following amount:			
Ø\$125.0 k #≥	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 C Tallahassee, FL 32301	ircle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
Martohue Mediation Services, LLC		
(Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Li	ability Company is:
Principal Office Address:	Mailing Address:	
2429 Central Avenue, Suite 203	2429 Central Avenue, Suite 203	
St. Petersburg, FL 33713	St. Petersburg, FL 33713	
The name and the Florida street address of the response Deborah L. Martohue, Esq. Name 2429 Central Avenue, Sui Florida street address		
St. Petersburg	FL 33713	
- · · · · · · · · · · · · · · · · · · ·	te, and Zip	
Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per accept the obligations of my position as registered Agent's Signature.	nis certificate, I hereby accept the I further agree to comply with formance of my duties, and I and tered agent as provided for in C	ne appointment as I the provisions of all In familiar with and
(CONTI	· NUED)	
Page 1	•	NARY 2

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	Name and Address:
"MGRM" = Managing Member	:
MGRM	Deborah L. Martohue
	2429 Central Avenue, Suite 203
	St. Petersburg, FL 33713
```	
(Use attachment if necessary)	
ICLE V: Effective date, if other the	an the date of filing: May 21, 2010
	nust be specific and cannot be more than five business days prio
90 days after the date of filing.)	
REQUIRED SIGNATURE:	
Signature of a r	member or an authorized representative of a member.
(In accordance v	with section 608.408(3), Florida Statutes, the execution
	t constitutes an affirmation under the penalties of periury

Deborah L. Martohue

that the facts stated herein are true.)

Typed 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)