

From: Cauthen Oldham

352 343 8801

07/19/2010 14:22

#31 P. 1/004

Division of Corporations

7/19/2010 2:12 PM

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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : CAUTHEN & OLDHAM, P.A.  
Account Number : 075206002614  
Phone : (352)343-3455  
Fax Number : (352)343-8801

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Email Address: SIMMT10@GMAIL.COM

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FLORIDA LIMITED LIABILITY CO.  
MT10, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

T. CLINE  
JUL 20 2010  
EXAMINER

From: Cauthen Oldham

352 343 8801

07/19/2010 14:26

#131 P.002/004

Division of Corporations

7/19/10 2:12 PM

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2010 JUL 19 PM 8:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

MT10, LLC

(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:**153 Lake Catherine CircleGroveland, Florida 34736**Mailing Address:**153 Lake Catherine CircleGroveland, Florida 34736**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:

CAUTHEN, OLDHAM & ASSOCIATES. P.A.

Name

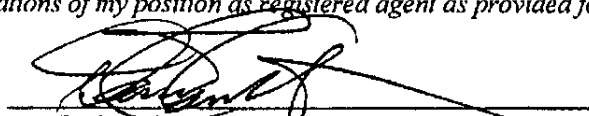
131 West Main StreetFlorida street address (P.O. Box **NOT** acceptable)Tavares

FL

32778

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)

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM \_\_\_\_\_

Timothy Jerome Clark

153 Lake Catherine Circle

Groveland, Florida 34736-2160

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 7/19/2010. (OPTIONAL)  
 (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

2010 JUL 19 PM 2:29  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**REQUIRED SIGNATURE:**

Timothy Jerome Clark  
 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.)

Timothy Jerome Clark

Typed or printed name of signer

**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)

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