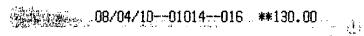
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| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



500183976255





C. LEWIS

AUG - 5 2010

EXAMINER

COVER LETTER

TO:

Registration Section

| Division of Corp | porations | | |
|-----------------------------|---|--|--|
| SUBJECT: | M. Z.T. C | | • |
| | Name of Limite | ed Liability Company | |
| The enclosed Articles of C | Organization and fee(s) are s | submitted for filing. | |
| Please return all correspon | ndence concerning this matte | er to the following: | |
| Willia | us D. Por | Name of Person | |
| RELIANS | TUDOM | Firm/Company | CRY |
| 975 I | mparial So | CF COURSE BL. Address | on 575 119-> |
| | $\leq FC$. $\frac{3}{\text{City}}$ | | · · · · · · · · · · · · · · · · · · · |
| bik-P | E-mail address: (to be used for | or future annual report notification) | |
| For further information co | ncerning this matter, please | call: | |
| | , | | |
| BILL PO- | MER | at (239) 5/3- Area Code & Daytime Telep | 1683 |
| Name of | Person | Area Code & Daytime Telep | hone Number . |
| Enclosed is a check for | the following amount: | | |
| □\$125.00 Filing Fee A | \$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 Cl Tallahassee, FL 32301 | ircle |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

| The name of the Limited Liability Compa | ny is: |
|---|---|
| L_m_z | <i>LC</i> |
| (Must end with the words "Limited | d 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: |
| NAPLES FL 34110 | DO 975 Ingenial Cours is wo STE 119-70 NAMES FL. 34110 |
| | stered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another |
| The name and the Florida street address of | |
| Florida str | eet address (P.O. Box NOT acceptable) FL 34/10 ity, State, and Zip |
| | ity, State, and Zip and to accept service of process for the above stated limited |

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

FILED

| | | 2010 AUG -4 AM III |
|--|---|-------------------------------------|
| <u>Title:</u> "MGR" = Manager "MGRM" = Managing Member | Name and Address: | SHORETARY OF SIN TALLAHASSEENFLO |
| WILLIAM D POTTER | 13055 CASTLE HAI UNIT # KY NAPLES FL 3411 | TOUR DR |
| L) u | NAPLES FL. 341 | ····· |
| / | | |
| <i>NI</i> | | |
| w/a | | |
| (I) | | |
| (Use attachment if necessary) | | |
| CLE V: Effective date, if other than the d | ate of filing: | (OPTIONAL) |
| CLE V: Effective date, if other than the defective date is listed, the date must be | ate of filing:specific and cannot be more than five l | (OPTIONAL) pusiness days prior |
| • | ate of filing:specific and cannot be more than five l | (OPTIONAL) pusiness days prior |
| CLE V: Effective date, if other than the defective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: | ate of filing: specific and cannot be more than five l | ousiness days prior |

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)