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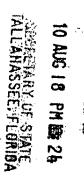
· (F	Requestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name	e)
· (E	Document Number)	
Certified Copies	Certificates of	of Status
Special Instructions t	o Filing Officer:	
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D. BRUCE

AUG 19 2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Wayne Martin 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:
Wayne M. Martin Name of Person
Wayne Martin LLC Firm/Company
259 temple Cic
Winter Heven Fl 33811 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Wayne M Martin at 863 934-1371 F
Enclosed is a check for the following amount:
\$125.00 Filing Fee U\$130.00 Filing Fee & Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) 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 Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company	is:
Wayne Martin (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:
259 temple Cir Winter Haven F1 33811	259 temple Cir Winter Haven Fl 33811
	red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another
The name and the Florida street address of the	ne registered agent are:
Wayne m n	nartin E
259 temple Florida street	t address (P.O. Box NOT acceptable)
	n FL 33811 , State, and Zip
Having been named as registered agent 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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Wayne M Martin 259 temple Cir Winter Haven F1 33811
(Use attachment if necessary)	
(,)	
fective date is listed, the date m	an the date of filing: (OPTIONA ust be specific and cannot be more than five business day
fective date is listed, the date m days after the date of filing.) REQUIRED SIGNATURE:	nust be specific and cannot be more than five business day
fective date is listed, the date m days after the date of filing.) REQUIRED SIGNATURE:	an the date of filing: (OPTIONA nust be specific and cannot be more than five business days nember or an authorized representative of a member.

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

Filing Fees:

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