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SECRETARY OF STATE
SECRETARY OF S

J. BRYAN

JAN -5, 2011

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Mayn Stream Group Enterfarmen + 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:
Mc/tale G. McGzraw
Name of Person
Firm/Company
ASE =
10. Bux 1972 Address
Tesper, FL 32052
Jesper, Ft. 32052 Fig. 3
City/State and Zip Code M. MCGRAW83@GMAIL, COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
MUltale G. MGRW at (386) 792-1385 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \ \text{Certified Copy (additional copy is enclosed)}
Mailing Address Registration Section Street/Courier Address Registration Section

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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:
Main Stream Group Enter fringent LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "LL.C.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
710 NW 3rd Ave po 130x 1972 JESPET, FL 32052 TESPET, FL 32052 01/05/11
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: McHale G. McGaW Name Name
Florida street address (P.O. Box NOT acceptable) Tweet FL 32052 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

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:
MGRM	McHale G MCGRAW PO. 130× 1972 Tasper, 1=1 32052
 	ALS 1
	JAN-5 CRE NARY LAHASSE
	E. FLORE
(Use attachment if necessary)	»
ATICLE V: Effective date, if other than the an effective date is listed, the date must or 90 days after the date of filing.)	he date of filing: (OPTIONAL) the specific and cannot be more than five business days pro-
DECLUDED CICNATUDE.	

<u>REQUIRED</u> SIGNATURE:

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

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)