

L11000052522

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

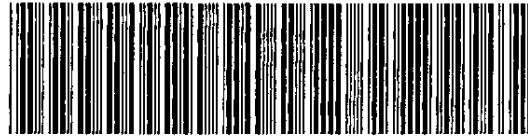
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 MAY -2 PM 12:43

N. Culligan MAY -4 2011

LAW OFFICES OF
J. PATRICK McELROY

P.O. BOX 1511
HERNANDO, FLORIDA 34442

TELEPHONE (352) 637-2303
FAX (352) 637-1515

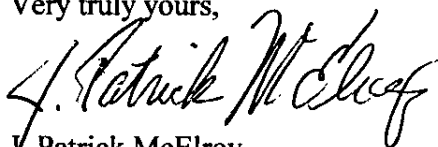
April 9, 2011

Secretary of State
Division of Corporations
Registration Section
PO Box 6327
Tallahassee, FL 32314

Dear Sirs,

Please find enclosed the Articles of Organization for Macaroni Beach Realty, LLC. Also enclosed is a check for \$160.00 for the filing fee, Certificate of Status and Certified Copy.

Very truly yours,



J. Patrick McElroy

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
FOR
MACARONI BEACH REALTY, LLC

ARTICLE I: NAME

The name of the Limited Liability Company is **MACARONI BEACH REALTY, LLC.**

ARTICLE II: ADDRESS

The principal place of business of the Limited Liability Company is

Principal Office Address:

5018 W. Longfellow Ave.
Tampa, FL 33629

Mailing Address:

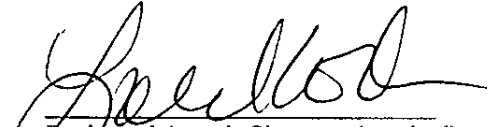
PO Box 10513
Tampa, FL 33679

ARTICLE III: REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S
SIGNATURE

The name and the Florida street address of the registered agent are:

Lorraine Elizabeth Korb
5018 W. Longfellow Ave.
Tampa, FL 33629.

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 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)
Lorraine Elizabeth Korb

ARTICLE IV: MANAGER(S) OR MANAGING MEMBER(S):

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

Title
MGRM

Name and Address:
Lorraine Elizabeth Korb
5018 W. Longfellow Ave.
Tampa, FL 33629.

ARTICLE V:

Effective date, if other than the date of filing: _____ (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.)

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REQUIRED signature:

A handwritten signature in black ink, appearing to read "L. Korb", written over a horizontal line.

(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.

Lorraine Elizabeth Korb

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