## 411000011914

| - Maly<br>3619 Kayohole Rf -<br>Falmers Fl 34021.  (Address) |
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| (City/State/Zip/Phone #)                                     |
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DIVISION OF COMPLEXATIONS

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MALY OF PALMETTO FLORIDA 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:               | Mailing Address: |                       |               |
|---|------------------|-----------------------|---------------|
| SHARON H. MALY                          | 5619             | BAYSHORE<br>VETTO, FL | RD # 465      |
| *************************************** | PALM             | ETTO, FL              | <u>342</u> ス/ |

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:

SHARON H. MALY

Name

5619 BAYSHORE RD # 465

Florida street address (P.O. Box NOT acceptable)

PALMETTO PL 34221
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

| Title: "MGR" = Manager "MGRM" = Managing Memb   | Name and Address:   |
|---|---|
| MGRM  | SHARON MALY<br>5619 BAYSHORE KD # 465<br>PALMETTO FL 34221  |
| MGRM  | KENNETH MALY 5619 BAYSHORE RD#465 PALMETID FL 34221   |
| <del></del>   |   |
|   |   |
| (Use attachment if necessary)   |   |
|   |   |
| Tective date is listed, the date  | than the date of filing: (OPTIONAL) must be specific and cannot be more than five business days j |
| days after the date of filing.)  REQUIRED SIGNATURE:  | must be specific and cannot be more than five business days                                       |
| fective date is listed, the date days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a coordance of this documn. | must be specific and cannot be more than five business days                                       |

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)