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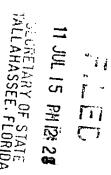
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D. BRUCE

JUL 18 2011

EXAMINER

COVER LETTER

TO:y Registration Section

Division of Corporations				
SUBJECT: MUSTANGS NORTH,	LLC			
	ed Liability Compa	ny		
The enclosed Articles of Organization and fee(s) are	submitted for filing			
Please return all correspondence concerning this matt	ter to the following:	:		
CALVIN R. GRAY				
,	Name of Person			
MUSTANGS NORTH, LLC				
	Firm/Company			<u>_</u>
9590 PINECONE DR.				
	Address			
044T04UENT EL 00500 0	704			
CANTONMENT, FL. 32533-9	y/State and Zip Code			
JOHNRSHORESCPA@LIVE.CO	-		· man f	
E-mail address: (to be used f	for future annual repo	rt notification)	- E X	: ==
For further information concerning this matter, please	e call:		CRET LAHA	
CALVIN R. GRAY	at (850	494-9835	ARY SSEE	55 8
Name of Person	Area Code	& Daytime Telepl	none Number	る。「日本
Enclosed is a check for the following amount:			TATE ORIO)	S C
\$125.00 Filing Fee \$\ \times \text{Solution Status}\$130.00 Filing Fee & Certificate of Status	\$155.00 Filin Certified Cop (additional copy	by	\$160.00 Filing F Certificate of Stat Certified Copy (additional copy is er	tus &
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration Division of Clifton Bo 2661 Exe	ourier Address on Section of Corporations uilding cutive Center Cir	rcle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MUSTANGS NORTH, 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:		
623 NORTH HIGH	HWAY 95-A	9590 PINECONE DR		
CANTONMENT, I	FL. 32533	CANTONMENT, FL. 32533-9	9791	
(The Limited Liability business entity with an		ed Office, & Registered Agent's gistered Agent. You must designate an individe registered agent are:	idual or another 11 JUL 1	8-2- 82- 81
ī	Nam	10	mC	!
	9590 PINECON		F STOP	C
· .	Florida street a	address (P.O. Box NOT acceptable)	20 Z	
	CANTONMENT	_{FL} 32533-9791	مند	
	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

<u>Title:</u>	Name and Address:
"MGR" = Manager	
'MGRM" = Managing Member	
MGRM ;	CALVIN R. GRAY
· ·	9590 PINECONE DR.
	CANTONMENT, FL. 32591-9791
;	
3	
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•	n the date of filing: JULY 12, 2011 . (OPTION
	n the date of filing: JULY 12, 2011 . (OPTION ust be specific and cannot be more than five business d
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LE V: Effective date, if other that fective date is listed, the date medays after the date of filing.) REQUIRED SIGNATURE: Signature of a median constitutes an affirmation I am aware that any false	pember or an authorized representative of a member. on 608.408(3), Florida Statutes, the execution of this downent under the penalties of perjury that the facts stated here are true information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)
REOUIRED SIGNATURE: (In accordance with section of a maware that any false constitutes a third degree	tember or an authorized representative of a member. on 608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated here are true information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)
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