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(Req	uestor's Name)
(Add	iress)
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(City	//State/Zip/Phone #)
PICK-UP	Wait Mail
(Bus	siness Entity Name)
(Doc	cument Number)
Certified Copies	Certificates of Status
Special Instructions to F	Filing Officer:
	A. LUNT
	JUL 20 2011
	EXAMINER

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11 JUL 20 PM 12: 59

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJE	ECT: Michael Man	ste eson ne of Limited Liabil	ity Company	gring	
The end	closed Articles of Organization and	fee(s) are submitted	d for filing.		
Please	return all correspondence concernir	ig this matter to the	following:		
	Michael M	lasters	٥٥		
	_	Name of	Person		
		Firm/Co	mpany		<u></u>
	10000				
	19379 50	u Fred		Ln.	
	Blounts town	a FI	32424	3	
•		City/State and		100 P	= -
-	E-mail address:	(to be used for future	annual report notification)	A 55 F	<u> </u>
For furt	ther information concerning this ma	•		Mar.	ល់ ស្គ ស្គ
Mi	Chael Master Name of Person	<u> </u>	Area Code & Daytime Telep	ohone Number	65.20 6.00
Enclos	ed is a check for the following a				
\$125.00	Filing Fee \$130.00 Filing Certificate of	Status Cert	5.00 Filing Fee & tified Copy titional copy is enclosed)	\$160.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclo	&
	<u>Mailing Addres</u> Registration Sec		Street/Courier Address Registration Section		
	Division of Cor P.O. Box 6327		Division of Corporations		
	Tallahassee, FL	32314	Clifton Building 2661 Executive Center C	lircle	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Michael Masterson (Must end with the words "Limited Liability	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
19379 Sw Fred Barfeill In Bloomts town Fl 32424	19379 sw Fred barfeild Cr Blownts town F1 324124
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the registration (Name)	gistered agent are:

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..

S. Madeway Registered Agent's Signature (REQUIRED)

(CONTINUED)

The name and address of each Manager	or Managing Member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Michael Masterson 19379 sw Fred Barfeild L. Blaunts town El 32424
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the date if an effective date is listed, the date must be so or 90 days after the date of filing.)	ate of filing: OPTIONAL) specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
Michael Signature of a member	Muslesson or an authorized representative of a member.
	108(3), Florida Statutes, the execution of this document

ARTICLE IV- Manager(s) or Managing Member(s):

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)

constitutes a third degree felony as provided for in s.817.155, F.S.)

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