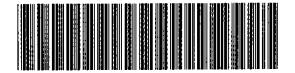
## #112000024244

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:  CORRECTION TO EFF. DATE - NAME PER  CONVERSATION WITH MICHELLE TATOM  2-20-2012 KS				

Office Use Only

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SEPRETARY OF STATES

K.BALY EXAMINER FEB 20 2012

## **COVER LETTER**

* .		O: Registration Section Division of Corporations				
	SUBJECT	TAT81	n LlC			
	Name of Limited Liability Company					
•						
	The enclose	The enclosed Articles of Organization and fee(s) are submitted for filing.				
	Please retu	Please return all correspondence concerning this matter to the following:				
Michelle Tmom						
				Name of Person		
	_/	ATOM	Inc. LL			
		_		Firm/Company		
	Ġ					
		Address				
Saint Cloud, Fl 3477/ City/State and Zip Code						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
	MIC	MU/E Name of	TATOM Person	at ( <u>015</u> ) <u>360</u> Area Code & Daytime Telep		
Enclosed is a check for the following amount:						
	\$125.00 Fi	ling Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
			Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Ci	ircle	

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	EFFECTIVE DATE  2-16-2012				
ATOM LLC (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 printing address and street address of the printing address.	ncipal office of the Limited Liability Company is:				
Principal Office Address: 2802 Deerfield St. Saint Cloud, FL 34771	Mailing Address: 2802 Deerfield St. Sount Cloud, R 34771				
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.)					
Saint Cloud	egistered agent are:  St.  St.  Ess (P.O. Box NOT acceptable)  FL 3477/  Te, and Zip				
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	ccept service of process for the above stated limited his certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S				

(CONTINUED)

# ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: "MGR" = Manager "MGRM" = Managing Member MGRM MGRM

(Use attachment if necessary)

**REQUIRED 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)