## #\_ 12000045577

(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:			
·			
·			





400226973184



04/02/12--01014--009 \*\*125.00

FILED'S
12 APR -2 PH 12: 19
SECRETARY OF STATE
SECRETARY OF STATE

KSALY EXAMINER APR 3 2012

## **COVER LETTER**

Division of Corporations
SUBJECT: MINGS Limited Liability Company  SUBJECT: Most Most Most Most Most Most Most Most
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
John Chenowell Name of Person
Montana Investors Group UC
5027 FLORA AVE
Holi Day FL 3 4690 City/State and Zip Code
City/State and Zip Code  Ohn Chenoweth (
For further information concerning this matter, please call:
Sohn Chenauel at (727) 437-840   Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	FEET	<u>-</u>
The name of the Limited Liability Company is:	4-3	ANIA SOLO
(Must end with the words "Limited Liability	ment UCC	
ARTICLE II - Address: The mailing address and street address of the principle.		ility Company is:
Principal Office Address:	Mailing Address:	
SOOT FlorA AVE Holiday FL 34690	SOD FLORA AL Holiday FC 3	4690
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	Office, & Registered Agent's S red Agent. You must designate an individua	ignature: al or another
The name and the Florida street address of the re	gistered agent are:	20.2
Montana In Name  Soy Florida street addr  Holiday City, State	vestors Group CCC  4 AVE  ess (P.O. Box NOT acceptable)  FL 34490  e, and Zip	PR-2 PH 12: 19 PR-2 PH 12: 19
Having been named as registered agent and to a liability company at the place designated in th registered agent and agree to act in this capacity. statutes relating to the proper and complete per accept the obligations of my position as regist	is certificate, I hereby accept the a I further agree to comply with th formance of my duties, and I am fo	appointment as se provisions of all amiliar with and
Registered Agent's Signatu	re (REQUIRED)	

Page 1 of 2

(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  WCL	Name and Address:	
	JAMES J. LANG 2366 Shelley St. 1 A10 Cleasurater, 1FL 33765	
(Use attachment if necessary)  ARTICLE V: Effective date, if other than the date (If an effective date is listed, the date must be sp to or 90 days after the date of filing.)	e of filing: $\frac{4-3-1}{2}$ . (OPTIONAL) ecific and cannot be more than five business days prior	
REQUIRED SIGNATURE:		
Signature of a member or an authorized representative of a member.		
constitutes an affirmation under the	(3), Florida Statutes, the execution of this document penalties of perjury that the facts stated herein are true. on submitted in a document to the Department of State provided for in \$,817.155, F.S.)	
$\frac{\sqrt{\beta/n}}{\sqrt{Typed}}$	or printed name of signee	

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certifled Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)