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(Re	questor's Name)	
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· (Do	cument Number)	
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TO THE POPULATION OF STATE AND SECRETARY OF SECRETARY OF

D. BRUCE MAY 15 2012

EXAMINER

COVER LETTER

Division of	on Section Corporations			
SUBJECT:	TAN TEMPTATIO	on L.L.C.		
	Name of Limited Li			
The enclosed Article	es of Organization and fee(s) are subm	sitted for filing.		
Please return all cor	respondence concerning this matter to	the following:		
	CHARLES MOI	RGAN		
	TAN TEMPTATIO			
	Firm	n/Company		
	4010 ERIKA	COURT	<u> </u>	
			CRETA	7
	PENSACOLA, FL. City/Stat CAM 1958 CH E-mail address: (to be used for fut	e and Zip Code	SEE	
	CAM 1958 CH	OTMATL. COM	F 2	3.4
For further informat	ion concerning this matter, please call		STATE LORIDA	
CHARIES	at (<u>850</u>) <u>525-7444</u> Area Code & Daytime Telephone Nur	nber	
Enclosed is a chec	k for the following amount:			
\$125.00 Filing Fee	Certificate of Status	Certified Copy Certific (additional copy is enclosed) Certific	00 Filing Fee, cate of Status & ed Copy nal 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 Circle Tallahassee, FL 32301		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nan	1e:					
The name of the Li	mited Liability Co	mpany is:				
(Mu	TAN TEMPTI st end with the words "L		mpany, "L.L.C.," or "LL	C.")		
ARTICLE II - Ade The mailing address		s of the princip	oal office of the Lin	nited Liability C	Company is:	
Principal Office A	ddress:	<u>M</u> :	ailing Address:			
4010 ERTUA PENSACOLA, F	COURT L. 32526		4010 ERINA PENSACOLA, FL	7 COURT 1, 32526		
	mpany cannot serve as i	ts own Registered A	ice, & Registered Agent. You must designate			<i>4.</i> 12
The name and the F	_	ess of the regist Monday Name	,	ETARY OF HASSEE, FI		
	Florio		<i>RT</i> P.O. Box <u>NOT</u> accepts . 39526 nd Zip	E. FLORIDA		•
		City, State, an	ia 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)

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

The name and address of each Manager or Managing Member is as follows:

	Name and Address:
"MGR" = Manager "MGRM" = Managing Membe	A.F.
•	
MGRM_	CHARLES MORGAN 4010 ERTUA-COURT
	4010 ERIVA COURT
	PENSACOLA, FL, 32526
MGRM	JESSICA MORGAU 4010 ERIKA COURT PENSACOLA, FL. 32526
<u> </u>	4010 ERIKA COURT
	PENSACOLA, FL. 32526
MGRM	JACQUELTUS MARCAN
7.107=,1	41010 ERIKA COURT
•	JACQUELENE MORGAN 41010 ERTKA COURT PENSACOLA, FL 32526
	•
(Use attachment if necessary)	
	(OPTIONAL)
LE V: Effective date, if other the	han the date of filing: (OPTIONA
LE V: Effective date, if other the control of the c	han the date of filing: (OPTIONA) must be specific and cannot be more than five business days
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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)