LIZODOGASS

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	dress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
`	,	
(Do	cument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
JULI 03 2012 L. SELLERS		

Office Use Only



700236225517

06/15/12--01003--032 **130.00

SECRETARY OF STATE
ALLAHASSEE, FLORIDA

COVER LETTER

TO:

Registration Section

Division of Corporations
SUBJECT: Middle Ground, LLC
Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Randy Chubb
Name of Person
Middle Ground, LLC
Firm/Company
PO Box 13374
Address
Tampa, FL 33686-3374
City/State and Zip Code
randy.chubb@verizon.net
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Randy Chubb at (813) 503-0258
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\sum \text{\$130.00 Filing Fee & Certificate of Status}\$ Certificate of Status \$\text{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 Circle Tallahassee, FL 32301



June 20, 2012

RANDY CHUBB P.O. BOX 13374 TAMPA, FL 33686-3374

SUBJECT: MIDDLE GROUND, LLC Ref. Number: W12000033323

We have received your document for MIDDLE GROUND, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on June 15, 2012. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Leslie Sellers Regulatory Specialist II

Letter Number: 612A00017099

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - N	ama:		-
	Limited Liability (Company is:	
•			
Middle Gro	ound, LLC		<u> </u>
(1	Must end with the words	s "Limited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - A	Address:	•	,
The mailing addr	ess and street add	ress of the principal office of the Limited	Liability Company is:
Principal Office	Address:	Mailing Address:	
Randy Chubb		Middle Ground, LLC	
4219 W. Morrisor		P.O. Box13374	
Tampa, FL 33629	9	Tampa, FL 33686-3374	· .
	Randy Chub	Name Morrison Ave.	
	Fl	orida street address (P.O. Box NOT acceptable)	
	Tampa,	_{FL} 33629	
	•	City, State, and Zip	
liability comp registered agent statutes relatin	pany at the place de and agree to act in g to the proper and ligations of my pos	agent and to accept service of process for the esignated in this certificate, I hereby accept this capacity. I further agree to comply what it is complete performance of my duties, and it is sition as registered agent as provided for it is Agent's Signature (REQUIRED)	ot the appointment as with the provisions of all I am familiar with and

(CONTINUED)

Page 1 of 2

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

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

Title: "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGR	Sean Williams
	P.O. Box 13374
	Tampa, FL 33686-3374
MGRM	Randy Chubb
	P.O. Box 13374
	Tampa, FL 33686-3374
(Use attachment if necessary)	CAMPNOED [
LEV: Effective date, if other than the	ne date of filing: June 28, 2012 (OPTIONAL
ffective date is listed, the date must	be specific and cannot be more than five business days
days after the date of filing.)	

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.)

Randy Chubb

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)