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SECRETARY OF STATE

N. Odfilgen JAN - 7 2013

(850) 245-6051.

## **COVER LETTER**

TO:

**Registration Section Division of Corporations** 

2120 South Macdill 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:

Fridon	Нај	•	
		Name of Person	
***************************************			
		Firm/Company	
10443 (	Greendale Dr		
		Address	
Tampa	FL 33626_		
		y/State and Zip Code	
fredhaj@g			
	E-mail address: (to be used	for future annual report notification)	
For further information	concerning this matter, please	e call:	
Fridon Haj		813 789-11	54
Name	of Person	Area Code & Daytime Telep	<del></del>
Enclosed is a check for	or the following amount:	2	
□\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & □ Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section	Street/Courier Address Registration Section	
	Division of Corporations	Division of Corporations	

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Liability Company is:				
2120 South Macdill LLC				
(Must end with the words "Limited Liabil	lity Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address:				
The mailing address and street address of the pr	incipal office of the Limited Liability Co	ompany	/ is:	
Principal Office Address:	Mailing Address:			
10443 Greendale Dr	10443 Greendale Dr			
Tampa Florida 33626	Tampa Florida 33626			
	tered Agent. You must designate an individual or anot		2012 DEC 28 AN 9:	FILED
Tampa FL 33624	FL		5	
City, Sta	ate, and Zip			
Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacall statutes relating to the proper and complet and accept the obligations of my position as reached agent's Signature Registered Registered Agent's Signature Registered Agent's Signature Registered Agent's Signature Registered Regist	this certificate, I hereby accept the appoin ity. I further agree to comply with the pro te performance of my duties, and I am fan	itment d ovision: viliar w	as s of ith	

5/ 4 1

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:

UN 4/2 D.H N. 4	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	•
Mercy Managing Wellie	`
MGRM '	Fridon Haj
	10443 Greendale Dr
	Tampa Florida 33626
(Use attachment if necessary)  CLE V: Effective date, if other than the	ne date of filing: January 1 2013 . (OPTIONAL)
CLE V: Effective date, if other than the	st be specific and cannot be more than five business of
CLE V: Effective date, if other than the effective date is listed, the date muto or 90 days after the date of filing.)  REQUIRED SIGNATURE:	st be specific and cannot be more than five business of
CLE V: Effective date, if other than the effective date is listed, the date muto or 90 days after the date of filing.)  REQUIRED SIGNATURE:	st be specific and cannot be more than five business of
CLE V: Effective date, if other than the effective date is listed, the date musto or 90 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member of a manual am aware that any false information undiges the state of the state	Detailed to in a document to the Department of State From the Department o
CLE V: Effective date, if other than the effective date is listed, the date musto or 90 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member of a management of a member of	Der or an authorized representative of a member.  28.408(3), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are mation submitted in a document to the Department of State frimy as provided for in s.817.155, F.S.)
CLE V: Effective date, if other than the effective date is listed, the date musto or 90 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member of a management of a member of	Detailed to in a 817 155 FS.

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)