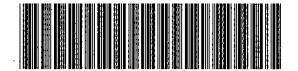
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COVER LETTER

TO:	Registration S Division of Co					
SUBJE	СТ:	Michael Har Name of Limite	tig an LLL ed Liability Company			
The end	closed Articles of	Organization and fee(s) are s	submitted for filing.			
Please	eturn all corresp	ondence concerning this matte	er to the following:			
		Christi	na Patrick Name of Person			
			Name of Person			
_		Patricks	Bookkeeping, LL	۷		
	Firm/Company					
_		27011 6	Address E			
			Address			
_		Myakka (27-14 FI 34251 y/State and Zip Code			
-			-			
		Capatrice m	cil. usf, edu for future annual report notification)			
-		E-mail address: (to be used f	for future annual report notification)			
For furt	her information (concerning this matter, please	call:			
Chi	ristina f	atrick	at (941) 737 - a	2545		
	Name	of Person	Area Code & Daytime Telep	hone Number		
Enclos	ed is a check fo	or the following amount:				
⊒ \$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 Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C	ircle		

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION OF Michael Hartigan, LLC A FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 NAME

The name of the Limited Liability Company ("Company") is Michael Hartigan, LLC.

ARTICLE 11 ADDRESS

The mailing and street address of Michael Hartigan, LLC is 336 Shore Drive, Ellenton, Florida 34222.

ARTICLE 111 REGISTERED AGENT

Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent is:

Christina A Patrick 27011 65th Ave East Myakka City, Florida 34251 13 JAN-7 AM 9:48
SCURETARY OF STATE
TALLAMASSEE, FLORID,

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, Florida Statutes.

Christina A Patrick, Registered Agent

ARTICLE IV MEMBERS

The Limited Liability Company is to be managed by one or more members and is therefore a member-managed company.

Michael D. Hartigan - Managing Member 336 Shore Dr, Ellenton, Florida 34222

IN WITNESS WHEREOF, I HAVE EXECUTED THESE ARTICLES OF ORGANIZATION ON THIS 29 DAY OCTOBER, 2012.

By: Michael D. Hartigan, Managing Member

STATE OF FLORIDA COUNTY OF MANATEE

The foregoing instrument was acknowledged before me this <u>29</u> day of October, 2012, by Michael D. Hartigan, Managing Member who is personally know to me or who has produced _____ as identification.

Notary Stamp

CHRISTINA A. PATRICK
MY COMMISSION # DD 869937
EXPIRES: March 15, 2013
Bonded Thru Notary Public Underwriters

Notary Signature

My Commission Expires:

13 JAN -7 AM 9: 48