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EFFECTIVE DATE 2-1-13

13 JAN 28 AM II: 44

B. BOSTICK

JAN 3 0 2013

EXAMINER

(850) 245-6051.

COVER LETTER

TO: **Registration Section Division of Corporations** The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount: □\$125.00 Filing Fee □\$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Street/Courier Address Mailing Address

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
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:		
ML St. Aubin Cons (Must end with the words "Limited Liability)	ty Company, "L.L.C.," or "LLC.")	_
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability	Company is:
Principal Office Address:	Mailing Address:	
2012 W. Leewynn Dr Swasota De 31040		
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)		
The name and the Florida street address of the re	egistered agent are:	.
Moore Finan	rcial i Tax Strat	egics LU
1937 Bee Florida street add	ress (P.O. Bol NOT acceptable)	·
City, Sta	FL 34339 te, 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 capaci all statutes relating to the proper and complete and accept the obligations of my position as reg	his certificate, I hereby accept the apports. I further agree to comply with the performance of my duties, and I am f	ointment as provisions of familiar with
		
Registered Agent's Signatu	ire (REQUIRED)	·
	CLA.	JAN TI
(CONTINI	JED)	H 28
Page 1 of 2	(1) (1) (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	Matthew St. Aubin
	<u> </u>
	TO SEE TO
(Use attachment if necessary)	2//2
ARTICLE V: Effective date, if other than (If an effective date is listed, the date in prior to or 90 days after the date of filing	nust be specific and cannot be more than five business days

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.)

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)