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13 FEB | AM 9: 27 2013 FEB

J. SAULSBERRY EXAMINER

FEB 1 1 2013

COVER LETTER

TO: Registration S Division of Co			
SUBJECT: LAT	SALESS BAY Name of Limit	ed Liability Company	2013 FEB
The enclosed Articles of	f Organization and fee(s) are	submitted for filing.	
	ondence concerning this matt	-	S PATE TORNO
· LATER	NESS BOYA	Name of Person	
	TERRY BRYA	NT CONSTRUCTI Firm/Company	ON COMPANY
1231	•		·
THILE	N BYLK BLU NAMSSEE I	Address -LonZOA 32 ty/State and Zip Code	303
		for future annual report notification)	
	concerning this matter, please 2 YRN T of Person	at (<u>\$50</u>) <u>727 - 3</u> Area Code & Daytime Teleph	3 2 9 9 none Number
Enclosed is a check for	or the following amount:		
\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status		\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations	Street/Courier Address Registration Section Division of Corporations	

Registration Section Division of Corporation 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

Á	R	Т	I	C	L	E	1	_	N	a	m	e	:
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The name of the Limited Liability Company is:

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

The maning address and street address of the pri-	notpat office of the Editited Editinty Company is.
Principal Office Address:	Mailing Address:
1231 N MLK BLVA TAMPHASSEE, FIORITOR 32303	1231 N. MIE BLVD TAMARASSEE, FIRRZOA 32303
Thellahasset	egistered agent are: SANT CONTROL (P.O. Box NOT acceptable)

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)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Me

<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Membe	•
MGRM	LATERALIS BRYANT 1231 N MLK RLVD
	THUNKASSAC, FLAKTUA 32303
MGRM	TALL BAVANT
	SOUS PENEMINOT CYPRT
•	
(Use attachment if necessary)	• •
to or 90 days after the date of fi	ling.)
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	k Ben omt
Jac	Regard member of an authorized representative of a member.
Signature of a (In accordance with seconstitutes an affirmation of a seconstitutes and affirmation of a seconstitutes at third degree.)	ction 608.408(3), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true, se information submitted in a document to the Department of State ee felony as provided for in s.817.155, F.S.)
Signature of a (In accordance with seconstitutes an affirmation of a seconstitutes and affirmation of a seconstitutes at third degree.)	ction 608.408(3), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true. se information submitted in a document to the Department of State ee felony as provided for in s.817.155, F.S.)
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