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COVER LETTER

Division of Corporations
SUBJECT: Me. MAKE READY, 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:
OBBERT ROBERTS Name of Person
MR. MAKE READY LLC Firm/Company
7208 Stable Run DR. Address
TALLA HASSEE FL. 32310 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (850) 567 - 2413 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) 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 Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
MR. MAKE READY, LL. (Must end with the words "Limited Liability)	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the prince	cipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
7208 STABLE RUN DR. TALLAHASSEE FL. 32310	7208 STABLE RUN DR. TALLAHASSGE FL 32310
ARTICLE III - Registered Agent, Registered O (The Limited Liability Company cannot serve as its own Registered business entity with an active Florida registration.)	
TALLAHASSEE F City, State,	SECRETARY OF STATE SIZE FLORIDA ASSET FLORIDA ASSET FLORIDA AND AND AND AND AND AND AND AND AND A
Having been named as registered agent and to acceliability company at the place designated in this registered agent and agree to act in this capacity. all statutes relating to the proper and complete p and accept the obligations of my position as regis Registered Agent's Signature	s certificate, I hereby accept the appointment as I further agree to comply with the provisions of performance of my duties, and I am familiar with stered agent as provided for in Chapter 608, F.S

(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 "MGRM" = Managing Member

MGRM

DSBERT F. ROBERTS

7208 STABLE RUN DR.

TALMHASSEE FL. 32310

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: $\frac{5/6/2013}{2013}$. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 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 rule. I am aware that any false information submitted in a document to the Department of constitutes a third degree felony as provided for in s.817.155, F.S.)

USBERT F. ROBERTS
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)