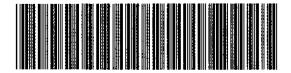
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DEC 2 7 2013 T. HAMPTON

## COVER LETTER

	gistration S vision of Co		**	
SUBJECT:	: <u>Ca</u>	Sh Flow ATM Name of Limite	LLC ed Liability Company	
The enclose	ed Articles o	f Organization and fee(s) are s	submitted for filing.	
Please retur	n all corresp	oondence concerning this matte	er to the following:	
		Tara	PShleu Name of Person	
			Firm/Company	
<del></del>		PO Box 6	270,2 Address	
			City FL 32411  y/State and Zip Code	
<del></del>		E-mail address: (to be used f	ashley a gmail. Con future annual report notification)	<u> </u>
For further	information	concerning this matter, please	call:	
Tar		of Person	at ( 217 ) 202-8 Area Code & Daytime Teleph	
Enclosed i	s a check f	or the following amount:		
<b>≱</b> \$125.00 I	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 Ci Tallahassee, FL 32301	rcle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Cash Flow ATM, LLC. (Must end with the words "Limited Liability	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1815 Weakfish Way Panama City Beach FL 32408	POBOX 27062 Panama City FL 32411
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's Signature: red Agent. You must designate an individual or another
The name and the Florida street address of the re	gistered agent are:
Tara Ashley	
1815 Weakfish U	ress (P.O. Box <u>NOT</u> acceptable)
Panama City Beach City, Stat	NFL 32411 te, and Zip
liability company at the place designated in the registered agent and agree to act in this capacitual statutes relating to the proper and complete	accept service of process for the above stated limited his certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of a performance of my duties, and I am familiar with histered agent as provided for in Chapter 608, F.S
Registered Agent's Signatu	(REQUIRED)

(CONTINUED)

Page 1 of 2

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

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGRM	Tara Ashley 333 Las Olas Way Unit 4202 Contro Ft. Laudordale FL 33301
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ffective date is listed, the date must	e date of filing: (OPTION to be specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than the specific and cannot be specific and cannot be more than the specific and cannot be more
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