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(Requ	uestor's Name)	
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(City/	State/Zip/Phone	e #)
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COVER LETTER

TO: Registration Section Division of Corporations	
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SUBJECT: Maislin Property LLC Name of Lir	nited Liability Company
The enclosed Articles of Organization and fee(s) as	re submitted for filing.
Please return all correspondence concerning this m	natter to the following:
Roy W. Baker	Name of Person
Total Electric Service	
	Firm/Company
8929 Maislin Dr	Address
Tampa, Florida 33637	City/State and Zip Code
rou@totalalastriananias not	d for future annual report notification)
For further information concerning this matter, plea	ase call:
Roy W Baker at (at (at (at (at (at (at (at (at (813) 899-4948 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	,
\$125.00 Filing Fee \$\sum \$\sum \text{\$\sum \text{\$\sin \text{\$\sum \text{\$\sum \text{\$\sum \text{\$\sum \text{\$\sum \sen \text{\$\sin	□\$155.00 Filing Fee & □\$160.00 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	Street/Courier 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

Maislin Propert	y LLC			_	
	(Must end with the words "Lii	nited Liability Company, "L.L.C.," or	"LLC.")		
ARTICLE II - A The mailing addr		pal office of the Limited Liability Con	npany is:		
Principal Office	Address:	Mailing Address:			
8929 Maislin D		8929 Maislin Dr			
Tampa, Florida	33637	Tampa, Florida 33637			
	8929 Maislin Dr Florida street address (P.O	. Box <u>NOT</u> acceptable)	EE. FLORID	PM 4: 30	
	Tampa	FL 33637	<i>32</i> 5		
	City	Zip			
the place desi capacity. I furt	ignated in this certificate, I hereby of her agree to comply with the provis and I am familiar with and accept th	ept service of process for the above state accept the appointment as registered ag sions of all statutes relating to the properties obligations of my position as register Chapter 605, F.S	ent and agreer and comple	e to ac ete per	ct in this rformance

Page 1 of 2

(CONTINUED)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	John M Madison
	8929 Masislin Dr
	Tampa, FI 33637
AMBR	Roy W Baker
	8929 Maislin Dr
	Tampa, Florida 33637
	AR PR
	7 SS
(Use attachment if necessary)	است استان استان المستان المستا المستان المستان المستا
ective date is listed, the date must be s	e of filing: (OPTOYAL) = pecific and cannot be more than five business days arising to 95 9
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ective date is listed, the date must be s	e of filing: (OPTOYAL) = pecific and cannot be more than five business days arith to 95 9
ective date is listed, the date must be spot filing.) E VI: Other provisions, if any.	e of filing: (OPTOYAL) = pecific and cannot be more than five business days arith to 95 9
ective date is listed, the date must be spot filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE	e of filing: (OPT OYAL) = pecific and cannot be more than five business days are to og 9
EVI: Other provisions, if any. REQUIRED SIGNATURE. Signature of a m	e of filing: (OPTOYAL) = pecific and cannot be more than five business days are to or 9
REQUIRED SIGNATURE. Signature of a m (In accordance with section 6	e of filing:
REQUIRED SIGNATURE. Signature of a m (In accordance with section of constitutes an affirmation uncl. lam guerre that any false in form.)	e of filing:
REQUIRED SIGNATURE. Signature of a m (In accordance with section of constitutes an affirmation uncl. lam guerre that any false in form.)	e of filing:
REQUIRED SIGNATURE. Signature of a m (In accordance with section of constitutes an affirmation uncl. lam guerre that any false in form.)	e of filing:
REQUIRED SIGNATURE. Signature of a m (In accordance with section of constitutes an affirmation uncl. lam guerre that any false in form.)	ember or an authorized representative of a member. 05.0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true.
REQUIRED SIGNATURE. Signature of a m (In accordance with section 6 constitutes an affirmation uncl 1 am aware that any false info constitutes a third degree felo	e of filing: