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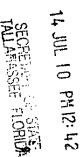
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B. BOSTICK
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EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
	ISES of Florida, LC I Liability Company
The enclosed Articles of Organization and fee(s) are su	bmitted for filing.
Please return all correspondence concerning this matter	to the following:
Karla Ann	cone
	lame of Person
	· .
F	irm/Company
1880 bollins la	ending Road
	Address
Tallahassee, Fi	ovida 32310 Eg =
City/s	State and Zip Code
E-mail address: (to be used for	ramail. com
For further information concerning this matter, please of	State and Zip Code Agents Future annual report notification) Fall: Fig. 7. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.
Karla Cone at 85	N 932 7632 Sh 5
	rea Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\sum \text{Status}\$ \$130.00 Filing Fee & Certificate of Status	I\$155.00 Filing Fee & Silfon.00 Filing Fee, Certified Copy dditional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address	Street/Courier Address
Registration Section Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liab	oility Company is:		
MTP	Enterprises	of Fronida,	uc
(Must e	nd with the words "Limited Lia	ability Company, "L.L.C.," or "L	.LC.")
ARTICLE II - Address: The mailing address and stree	et address of the principal office	ce of the Limited Liability Comp	any is:
Principal Office Address		Mailing Address:	

rincipal Office Address:	Mailing Address:
880 collins Landings Rd.	1880 collins Cardinis Rd.
Talla Massee, Fronda	tallamascer, Florida
37310	52310

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

ARTICLE I - Name:

Kana Ann Cone

Name

1880 Whis Landing Kond

Florida street address (P.O. Box NOT acceptable)

Tallahassee FL 32310

City Zip

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 605, F.S.

12 Alm

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

14 JUL 10 PM 12: 43

<u> Title:</u>	Name and Address:
'AMBR" = Authorized Member 'MGR" = Manager	
•	
AMBR	Kanta Ania Louis
/110OK	Karla Ann Whe
	Trulahasse Frond
	5231D
Ise attachment if necessary)	
• •	
V: Effective date, if other than the dat	te of filing: (OPTIONAL)
V: Effective date, if other than the dat tive date is listed, the date must be s	te of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or
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vi: Other provisions, if any. Signature of a m (In accordance with section 6 constitutes an affirmation unc	pecific and cannot be more than five business days prior to or the state of the sta

Page 2 of 2

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) JUL 10 PH 12: L