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SECNETAIN OF STATE



441 West Vine St. Kissimmee, FL 34741

Tel: 407-933-4005 Fax: 407-933-8782 Rshpa07@aol.com

July 31, 2014

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: 1009 MABBETTE STREET, LLC

Dear Sir or Madam:

Enclosed are the original and one copy of the Articles of Organization and Acceptance for the above-named Florida limited liability company. A check for \$125.00 is enclosed.

Please file the enclosed Articles of Organization and return a certified copy to the undersigned.

Thank you for your attention to this matter.

Sincerely

Robert S. Haye

RSH/kk

Enclosures



August 4, 2014

ROBERT S. HAYES, P.A. 441 WEST VINE STREET KISSIMMEE, FL 34741

SUBJECT: 1009 MABBETTE STREET, LLC

Ref. Number: W14000047442

We have received your document for 1009 MABBETTE STREET, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan Regulatory Specialist II

Letter Number: 914A00016593

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION

OF

1009 MABBETTE STREET, LLC

ARTICLE I. COMPANY NAME

The name of this Limited Liability Company is 1009 MABBETTE STREET, LLC.

ARTICLE II. NATURE OF BUSINESS AND POWERS

The general nature of the business to be transacted by this Limited Liability Company is to engage in any and all business permitted under the laws of the State of Florida.

ARTICLE III.

This Limited Liability Company shall exist perpetually.

ARTICLE IV. REGISTERED AGENT AND INITIAL REGISTERED OFFICE

The Registered Agent and the street address of the initial Registered Office of this Limited Liability Company in the State of Florida shall be:

ROBERT S. HAYES 441 W. VINE STREET KISSIMMEE, FL 34741

The Limited Liability Company's principle address and mailing address is 13912 LAKE MARY JANE ROAD, ORLANDO, FL 32832.

ARTICLE V. MANAGEMENT

Management of this Limited Liability Company shall be vested in a manager to be selected by a majority vote of the members. Until the members vote to appoint a successor the manager shall be LAURIE P. MORLOCK F/K/A LAURIE P. DUNWOODY.

ARTICLE VI. MEMBERSHIP RESTRICTIONS

Members shall have the right to admit new members by unanimous consent. Contributions required of new members shall be determined as of the time of admission to the Limited Liability Company.

A member's interest in the Limited Liability Company may not be sold or otherwise transferred except with unanimous written

consent of all members.

1. 5.

On the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member, or the occurrence of any other event that terminated the continued membership of a member in the limited liability company, the remaining members shall have the right to continue the business on unanimous consent of the remaining members.

The undersigned, being the original member of the Limited Liability Company, certifies that this instrument constitutes the proposed Articles of Organization of 1009 MABBETTE STREET, LLC.

Executed by the undersigned at 441 W. Vine Street, Kissimmee, FL 34741, on this $31^{\rm st}$ day of July, 2014.

LAURIE P. DUNWOODY REVOCABLE TRUST DATED JULY 31, 2007

By: LAURIE P. DUNWOODY N/K/A LAURIE P. MORLOCK, TRUSTEE

13912 LAKE MARY JANE ROAD ORLANDO, FL 32832

STATE OF FLORIDA COUNTY OF OSCEOLA

NOTARY PUBLIC-STATE OF FLORIDA
Karin Klemann
Commission # EE098062
Expires: JUNE 06, 2015
BONDED THRU ATLANTIC BONDING CO, INC.

Notary Public

ACCEPTANCE

STATE OF FLORIDA COUNTY OF OSCEOLA

Pursuant to the provisions of section 605.0113 of the Revised Florida Limited Liability Company Act, the limited liability company identified below submits the following statement in designating its registered office and registered agent in the State of Florida:

The name of the limited liability company is 1009 MABBETTE STREET, LLC.

The name of the registered agent for 1009 MABBETTE STREET, LLC, is ROBERT S. HAYES, and the street address of the company's principal office where the agent is located is 441 W. Vine Street, Kissimmee, FL 34741.

This statement is to acknowledge that, as indicated above, 1009 MABBETTE STREET, LLC, has appointed me, Robert S. Hayes, as its Registered Agent to accept service of process for the company at the place designated above in this certificate. I accept this 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.

ROBERT S. HAYES

STATE OF FLORIDA COUNTY OF OSCEOLA

The foregoing instrument was acknowledged before me on this 8th day of August, 2014, by **ROBERT S. HAYES**, agent on behalf of, 1009 MABBETTE STREET, LLC, a limited liability company. **ROBERT S. HAYES** is personally known to me.

Karin Klemann

Commission # EE098062

Expires: JUNE 06, 2018

BONDED THRU ATLANTIC BONDING CO., INC.

Notary Public