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HUSION OF CORPORATION

SEP,0 9 2014 J. BRUCE

## COVER LETTER

N. A.	TO: Registration Section Division of Corporations  SUBJECT:		
	The enclosed Articles of Organization and fee(s) are submitted for filing.		
	Please return all correspondence concerning this matter to the following:		
	Melvin E. Mobley	<u></u>	
	Name of Person	Ą	
		<b>~2</b>	
	Firm/Company	<b>1</b> .	an Sant K
	145 Wisteria Lane	SEP -9	-
	Havanu, FL 32333 City/State and Zip Code	PH 12: 19	The state of the s
	Melujanobled and comment notification)  E-mail address: (tobe used for future annual report notification)		
	For further information concerning this matter, please call:		
	Melvin E. Mobley at (850) 539-9072  Name of Person   Area Code   Daytime Telephone Number		
	Enclosed is a check for the following amount:		
	\$125.00 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)	of Status &	

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 Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:						
T. Y. M. E. M. LL.  (Must end with the words "Limited Li	ability Com	pany, "L.L.C.,"	or "LLC."	")	_	
ARTICLE II - Address: The mailing address and street address of the principal office	e of the Lir	nited Liability C	Company i	s:		
Principal Office Address:	Mailing A	ddress:	j			
Havana, FL 32333	145 h Hava,	)isteria	<u>323</u>	e 33	- -	
ARTICLE III - Registered Agent, Registered Office, & The Limited Liability Company cannot serve as its own Reanother business entity with an active Florida registration.)	gistered Ag			ın indiv	vidual :	or
The name and the Florida street address of the registered ag  Melvin E Mod  Name	ent are:					
Florida street address (P.O. Box N	OT accepta	ble)				
Havona	FL	3233	3			
Having been named as registered agent and to accept service the place designated in this certificate, I hereby accept the capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obligion. Chapter  Registered Agent's Signature  (CONTINUED  Page 1 of 2	ne appointment all statutes rations of my 605, F.S	ent as registered elating to the pr position as regi	agent and oper and ostered age	d agree complet	to act te perfe	in this ormance

The name and address of each person aut	horized to manage and control the Limited Liability Company:
Title: "AMBR" = Authorized Member "MGR" = Manager  AMBR  MGR  MGR	Name and Address:  Japet M. Sermon  Japet M. Sermon  Japet Foxwood Dr. S  Japet Hawood
(Use attachment if necessary)  ARTICLE V: Effective date, if other than the date of (If an effective date is listed, the date must be spetthe date of filing.)  ARTICLE VI: Other provisions, if any.	of filing: <u>September 9, 2014</u> . (OPTIONAL) cific and cannot be more than five business days prior to or 90 days afte
REQUIRED SIGNATURE:	Male

Typed or printed name of signee

Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

constitutes a third degree felony as provided for in s.817.155, F.S.)

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)