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## COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJE	MZPSC, LLC		•
SODJE		Limited Liabili	ty Company
The end	closed Articles of Organization and fee(s)	are submitted	for filing.
Please	return all correspondence concerning this	matter to the fo	ollowing:
	Michael M. Roeder		
		Name of	Person
	•	Firm/Co	npany
	1125 Highway 98 E.		
		Addre	ess
	Destin, Fl. 32541		
	Hogwild945@Yahoo.com	City/State and	d Zip Code
	E-mail address: (to be us	sed for future a	nnual report notification)
For furth	ner information concerning this matter, ple	ease call:	
	Michael M. Roeder	865	654-2545
	Name of Person	Area Code	Daytime Telephone Number
Enclos	ed is a check for the following amount:		
<b>]</b> \$125.0	00 Filing Fee \$130.00 Filing Fee & Certificate of Status	Certific	o Filing Fee & \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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ART	161	F	L _ 1	Na	ma
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The name of the Limited Liability Company is:

MZPSC, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
1125 Highway 98 E.	1125 Highway 98 E.
Destin, Fl 32541	Destin, FI 32541

(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:

	Name	
1125 Highway 98E		
Florida street addre	ss (P.O. Box <b>NOT</b> ac	cceptable)
Destin	FI	32541

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>[itle:</u> AMBR" = Authorized]	Member	Name and Address:
MGR" = Manager		
AMBR_		Michael M. Roeder
		15500 Emerald Coast Parkway, #801
		Destin, FI 32541
V: Effective date, if of tive date is listed, the offling.) ne date inserted in this	her than the date of filing: date must be specific and block does not meet the	d cannot be more than five business days prior to or 90 applicable statutory filing requirements, this date will not
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