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SECHETARY OF STATE



COVER LETTER

	Registration Section Division of Corporations			
SUBJEC	Masters of Mud ATV Rentals, LI	LC		
SCHOLC		f Limited Liabil	ity Company	
The enclo	sed Articles of Organization and fee(s	s) are submitted	for filing.	
Please ret	urn all correspondence concerning thi	s matter to the	following:	
	Bryan Bacheller			
		Name of	Person	
	-	Firm/Co	mpany	
	8210 Stockton Way		. ,	
	· '' '' '	Addr	ess	
	Tampa FL 33647			
	bryanb@maildci.com	City/State an	d Zip Code	
	E-mail address: (to be u	ised for future a	nnual report notificat	ion)
For further i	information concerning this matter, pl	ease call:		
	Bryan Bacheller at	813	927-0254	
	Name of Person	Area Code	Daytime Telephon	e Number
Enclosed i	s a check for the following amount:			
]\$ 125.00 F	iling Fee \$130.00 Filing Fee & Certificate of Status	└──Certifi	0 Filing Fee & [ed Copy al copy is enclosed)	\$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 Corporati Clifton Building 2661 Executive Cente Tallahassee, FL 3230	er Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

APPHOVEL

ARTICLE I - Name:

The name of the Limited Liability Company is:

16 MAR -4 AM 7: 34

SECRETARY OF STATE

Masters of Mud ATV Rentals, 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:

<u>Principa</u>	Office Address:		Mailing Address:
8210 Stockton Way Tampa, FL 33647			8210 Stockton Way Tampa, FL 33647
ARTICLE III - Registered Ager (The Limited Liability Company of another business entity with an act	annot serve as its ow tive Florida registrati	n Registered A	d Agent's Signature: gent. You must designate an individual or
	Bryan Bacheller	Name	
	8210 Stockton Way Florida street addre	ess (P.O. Box N	
	Tampa	FL	33647
	City	State	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..

(CONTINUED)

Page 1 of 2

Registered Agent's Signature (REQUIRED)



Title: "AMBR" = Authorized "MGR" = Manager	Member	Name and Address:	SECRETARY OF STATALLAHASSEE, FLOR
AMBR		Bryan Bacheller	
		8210 Stockton Way Tampa, FL 33647	
		Tallipa, FL 33047	
(Use attachment if necessity) (LEV: Effective date, if or	•	ng:	(OPTIONAL)
CLE V: Effective date, if or feetive date is listed, the e of filing.)	her than the date of filind date must be specific a block does not meet the the Department of State	e applicable statutory filing rec	(OPTIONAL) business days prior to or 90 day quirements, this date will not be l
CLE V: Effective date, if or fective date is listed, the e of filing.) If the date inserted in this nument's effective date on	her than the date of filindate must be specific ablock does not meet that Department of State fany.	and cannot be more than five be applicable statutory filing rec	business days prior to or 90 day
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