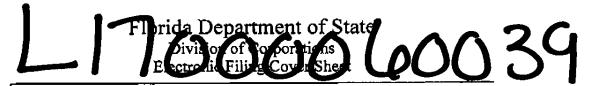
Division of Corporations

Page 1 of 2



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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : WILSON TAX & ACCOUNTING INC.

Account Number : I20150000107 : (941)625-1925 Phone Fax Number : (941)625-1526

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

DANIELLE @ TAXSAVERSFL.NET

FLORIDA LIMITED LIABILITY CO.

My Business Manager LLC

Certificate of Status	0
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Page Count	03
Estimated Charge	\$125.00

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K Brumbley

ARTICLES OF ORGANIZATION FOR BLORIDA LIMITED LIABILITY COMPANY

ARTICLESOF	URGANIZATION FOR	COMMUNICATION.	LIMILLE I COMPANI
ARTICLE I - Name: The name of the Limited Liability	Company is:		
My Business Manager	LLC		
(Must contain	in the words "Limited I	Liability Company,	"L.L.C" or "LLC.")
ARTICLE II - Address: The mailing address and street address	dress of the principal o	ffice of the Limited	Liability Company is:
<u>Principa</u>	l Office Address:		Mailing Address:
2200 Kings Hwy 3L #	214	2200	Kings Hwy 3L #214
Port Charlotte, FL 335			Charlotte, FL 33980
Port Charlotte, FL 335 ARTICLE III - Registered Ages	nt, Registered Office, cannot serve as its own ctive Florida registration ddress of the registered	& Registered Agent. 7	
Port Charlotte, FL 335 ARTICLE III - Registered Age: (The Limited Liability Company of another business entity with an account of the state of the	nt, Registered Office, cannol serve as its own clive Florida registratio	& Registered Agent. 7	nt's Signature:
Port Charlotte, FL 335 ARTICLE III - Registered Age: (The Limited Liability Company of another business entity with an account of the state of the	nt, Registered Office, cannot serve as its own ctive Florida registration ddress of the registered	& Registered Agent. The Registered Agent. Th	nt's Signature: You must designare an individual or
Port Charlotte, FL 335 ARTICLE III - Registered Age: (The Limited Liability Company of another business entity with an account of the state of the	nt, Registered Office, cannot serve as its own ctive Florida registration ddress of the registered David Masony	& Registered Agent. The Registered Agent. Th	nt's Signature: You must designare an individual or
Port Charlotte, FL 335 ARTICLE III - Registered Age: (The Limited Liability Company of another business entity with an account of the state of the	nt, Registered Office, cannot serve as its own cive Florida registered ddress of the registered David Masony 2200 Kings Hwy 3L Florida street addres	& Registered Agent. Registered Agent. 101.) diagent are: Name #214 s (P.O. Box NOT no	nt's Signature: You must designate an individual or

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 approvided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will	"MGR" = Manager	
AMBR David Masony 2200 Kings Hwy 31, #214 Port Charlotte, FL 33980 (Use attachment if necessary) LE V: Effective date, if other than the date of filing: [Copyright of the date is listed, the date must be specific and cannot be more than five business days prior to a of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will		David Masony
Port Charlotte, FL 33980		
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LE VI: Other provisions, if any. d all lawful business.	LE VI; Other provisions, if any.	partment of State's records.
D An		Dan
REOLIRED SIGNATURE:	<u>REQUIRED</u> SIGNATURE:	11 Ly
Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statu I am aware that any false information submitted in a document to the Department of S	This document I am aware that	is executed in accordance with section 605,0203 (1) (b). Plorida Statutes any false information submitted in a document to the Department of State
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