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(Requestor's Name)
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PICK-UP WAIT MAIL
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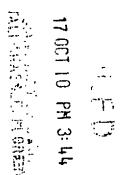
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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Work Hogs "LLC" Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Micheal A. Anderson Name of Person
Work Hogs "LLC" Firm/Company
3305 East 24th Ave. Address
Tampa, FL 33605 City/State and Zip Code Muthedragon 6500mail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Michel A. Anderson at (813) 370-2204 Name of Person Area Code Daytime Telephone Number
S125.00 Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Work Hogs "LLC"	
(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE H - Address:	

ne	maning	addiess	anu	street	address	or me	princi

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

Principal Office Address:	Mailing Address:
3305 East 24th Ave	3305 East 24th AVE Tampa FL 33605
Tampa FL 33605	Tampa FL 33605

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(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:

Micheul A.	ANDERSON	
	Name	
3305 East 8	24th Ave	
Florida street addres	ss (P.O. Box <u>NOT</u>	acceptable)
Tampa, FL	33605	
1 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.,

Registered Agent's Signature (REQUIRED)

(CONTINUED)

The name and address of each person auth	norized to manage and control the Limited Liability Company:
Title:	Name and Address:
"AMBR" = Authorized Member	,
"MGR" = Manager "	Micheal A. Anderson
	3305 East 24th Ave
	Tampa, Fl. 33605
<u>"AMBR"</u>	Annie Pearl McCaskill
	3402. East 24th Ave
	Tampa, FL 33605
<u>"AMBR"</u>	Urbana Ribas Tr
	3+06 East 24+ Ave.
	Tampa, FL 33605
	
(I to an about the second of	
(Use attachment if necessary)	
	of filing: (OPTIONAL)
	cific and cannot be more than five business days prior to or 90 days after
the date of filing.) Note: If the data inserted in this black does not m	eet the applicable statutory filing requirements, this date will not be listed as
the document's effective date on the Department of	
·	
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
	1 1 1 1 1 1 1
	1. Anderson
Signature of a mei	mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any false	information submitted in a document to the Department of State
	felony as provided for in s.817.155, F.S.
Micheal	H. Anderson
	Typed or printed name of signee

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)