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(Requestor's Name)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
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(Document Number)	
Certified Copies Certificates of	Status
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Special Instructions to Filing Officer:	
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## COVER LETTER

	w Filing Section vision of Corporations
SUBJECT:	MR 1104, LLC
SUBJECT.	Name of Limited Liability Company
The enclose	ed Articles of Organization and fee(s) are submitted for filing.
Please retur	n all correspondence concerning this matter to the following:
	Robert A. Tunstall, III
	Name of Person
	Firm/Company
	PO Box 6298
	Address
	Tampa FL 33608
	City/State and Zip Code
<u>t</u>	E-mail address: (to be used for future annual report notification)
For further in	aformation concerning this matter, please call:
	Robert A. Tunstall, III 813 992-6755
-	Name of Person Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:
\$125.00 Fil	
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of Corporations

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	lity Company, "L.L.C.," or "LLC.") of the Limited Liability Company is:
	of the Limited Liability Company is:
rincipal Office Address:	
	Mailing Address:
nore Blvd # 1204	PO Box 6298
516	Tampa, FL 33608
street address of the registered age	
Robert A. Tunstall, III Nat	ne
Robert A. Tunstail, III Nat 6601 S. Westshore Blvd #	ne 1204
Robert A. Tunstall, III Nat	ne 1204
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H 4 5 475 TS H 4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	Name and Address:
"AMBR" = Authorized M	nber
"MGR" = Manager MGR	Robert A. Tunstall, III
	6601 S. Westshore Blvd #1204
	Tampa, FL 33616
MGR	Michael W. Tunstall
<del></del>	6601 S. Westshore Blvd #1204
	Tampa, FL 33616
	<i>y</i> )
(Use attachment if necess	
ICLE V: Effective date, if oth	than the date of filing: 1/1/19 (OPTIONAL)
ICLE V: Effective date, if oth effective date is listed, the date of filing.)	than the date of filing: 1/1/19 (OPTIONAL) e must be specific and cannot be more than five business days prior to or 90 days a
ICLE V: Effective date, if oth a effective date is listed, the date of filing.)  If the date inserted in this b	than the date of filing: 1/1/19 (OPTIONAL)  e must be specific and cannot be more than five business days prior to or 90 days and the compact that the applicable statutory filing requirements, this date will not be list
ICLE V: Effective date, if oth a effective date is listed, the date of filing.)  If the date inserted in this b	than the date of filing: 1/1/19 (OPTIONAL) e must be specific and cannot be more than five business days prior to or 90 days a
ICLE V: Effective date, if oth a effective date is listed, the date of filing.)  If the date inserted in this bocument's effective date on the second	than the date of filing: 1/1/19 (OPTIONAL) e must be specific and cannot be more than five business days prior to or 90 days at the date will not be list Department of State's records.
ICLE V: Effective date, if oth a effective date is listed, the date of filing.)  If the date inserted in this b	than the date of filing: 1/1/19 (OPTIONAL) e must be specific and cannot be more than five business days prior to or 90 days at the date will not be list Department of State's records.
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Signature of a member or an authorized representative of a member.

This document is executed 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 constitutes a third degree felony as provided for in s.817.155, F.S.

Robert A. Tunstall, III

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)

\$ 5.00 Certificate of Status (Optional)

ARTICLE IV-

as