

# L010000006735

TRANSMITTAL LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

MJH

4/20

000004035650--3  
-04/20/01--01078--016  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

SUBJECT:

Mickle & Associates, Inc.  
(Proposed corporate name - must include suffix)

000004035650--3  
-04/30/01--01018--003  
\*\*\*\*\*72.50 \*\*\*\*\*72.50

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☒ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: Stephanie Mickle  
Name (Printed or typed)

4630 S. Kirkman Road #230  
Address

Orlando, FL 32811  
City, State & Zip

407-234-3975  
Daytime Telephone number

01 APR 20 PM 4:33  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NOTE: Please provide the original and one copy of the articles.

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Mickle & Associates, LLC

## ARTICLE II - Address:

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

4630 S. Kirkman Road  
Suite 278  
Orlando, FL 32811

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

The name and the Florida street address of the registered agent are:

Stephanie Mickle

4630 S. Kirkman Road Suite 278

Florida street address (P.O. Box **NOT** acceptable)

Orlando FL 32811

City, State, and 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 608, F.S..*

Registered Agent's Signature

## Article IV - Management (Check box if applicable.)

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Stephanie Mickle

Typed or printed name of signee

### Filing Fees:

\$100.00 Filing Fee for Articles of Organization  
\$ 25.00 Designation of Registered Agent  
\$ 30.00 Certified Copy (Optional)  
\$ 5.00 Certificate of Status (Optional)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 APR 20 PM 4:33

FILED