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| (Requestor's Name) |
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| (Address) |
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| (Address) |
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| (Cîty/State/Zip/Phone #) |
| (=1,9/=1,2/2/1/10/10/17) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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. 06/20/03--01058--006 **125.00

2003 JUN 20 PH 1: 01

To whom it may concern;

Enclosed you will find the completed forms and check in the amount of \$125.00

For a limited liability company fee. If I need to be contacted I can be reached at the numbers below.

Thank You,

David L. Tyree

David L. Tyree 1611 Umbrella Tree Dr. Edgewater, Fl. 32132-3108

(386) 428-4707 daytime phone

(386) 691-0516 pager

TOURS JUN 20 PM 1:01
PAGE PLORIDA

TRANSMITTAL LETTER

| TO: Registration Section Division of Corporations SUBJECT: Mister T'S D. J. SERVICE | |
|--|---------------------------------------|
| (Name of Limited Liabil | lity Company) |
| The enclosed Articles of Organization and fee(s) are submitted for filing. | J |
| Please return all correspondence concerning this matter to the following: | : |
| David L. Tyree (Name of Person) | |
| (Name of Person) | <u>چ</u> ے ہے۔ |
| | |
| (Firm/Company) | DIES JUN 20 PM 1: 01 |
| ICII Umbrella TREE DR. (Address) | TE FLORIDA |
| Fd = 11 32132 | · · · · · · · · · · · · · · · · · · · |
| Edgewater, 7L. 32132 (City/State and Zip Code) | |
| For further information concerning this matter, please call: | ; |
| David Types at (386_) (Name of Person) (Area Code & I | 28-4707 Daytime Telephone Number) |

MAILING ADDRESS: Registration Section

Division of Corporations

Tallahassee, Florida 32314

P.O. Box 6327

STREET ADDRESS:

Registration Section
Division of Corporations

409 E. Gaines Street Tallahassee, Florida 32399

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| The name of the Limited Liability Company is: |
|--|
| Mister T'S D. J. SERVICE Ltd. Co. |
| ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: |
| IGII UMBRELLA TREE DR. Edgewater. 7L. 32132 |
| ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature |
| The name and the Florida street address of the registered agent are: |
| David L. Tyres |
| Name Idl Umbrella Tree Dr. Florida street address (P.O. Box NOT acceptable) |
| Edgewater, FL. 32132-3108 City, State, and Zip |
| 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 |
| (An additional article must be added if an effective date is requested) Cuttorized Representative 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.) |
| DAVID L. TYREE 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) |