

LD3000033758

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

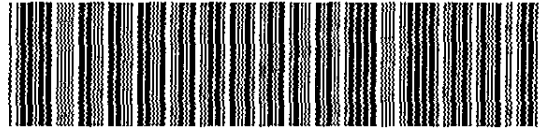
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2003 SEP -5 AM 11:26
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

J. BRYAN SEP 8 2003

September 1, 2003

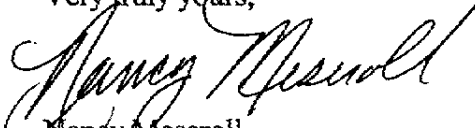
Registration Section
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Dear Sir or Madam,

Enclosed please find our completed Transmittal Letter, Organization for Florida Limited Liability Company, and a check in the amount of \$ 160.00, to cover the fees for registering Myco Builders LLC. If you have any question regarding our application please call 732-496-6674.

Very truly yours,


Nancy Meseroll
President

Enc.

Nancy Meseroll
250 24th Ave.
Seaside Park, New Jersey 08752
732-496-6674

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Myco Builders 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:

Nancy Meseroll
(Name of Person)

(Firm/Company)

250 24th Ave,
(Address)

Seaside Park, New Jersey 08752
(City/State and Zip Code)

For further information concerning this matter, please call:

Nancy Meseroll at (732) 496-6674
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: **Myco Builders LLC**

ARTICLE II - Address:

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

Principal Office Address:

6373 Fairway Cove Drive
Port Orange
Florida 32128

Mailing Address:

Same

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JULIA A. WILSON, CLERK
TALLAHASSEE, FLORIDA

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

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

Nancy Meseroll

Name

6373 Fairway Cove Drive

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

Port Orange FL 32128

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

(CONTINUED)

