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(Requestor's Name)
(Address)
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(0.4), 0.1.10.12, 1.10.10.11,
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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2003 SEP -5 AM II: 26

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2003 SEP -5 AM II: 26

September 1, 2003

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

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.

Maney Meseroll

President

Enc.

Nancy Meseroll 250 24th Ave. Seaside Park, New Jersey 08752 732-496-6674 MISSER -5 MIN 26

TRANSMITTAL LETTER

Registration Section Division of Corporations

TO:

Myco Builders LL	.c
SUBJECT.	ited Liability Company)
`	,
The enclosed Articles of Organization and fe	ee(s) are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Nancy Meseroli	
(Name of Person)	
(Firm/Company)	
250 24th Ave,	
(Address)	·
Seaside Park, New Jersey 08752	
(City/State and Zip Code)	
(City/Saite and 21p code)	•
For further information concerning this matter	er, please call:
Nancy Meseroll	at (732) 496-6674
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
409 E. Gaines Street	P.O. Box 6327
Tallahassee, Florida 32399	Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is: Myc	o Builders LLC
ARTICLE II - Address: The mailing address and street address of the principal	office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
6373 Fairway Cove Drive	Same
Port Orange	# 6 'n C
Florida 32128	7,000
ARTICLE III - Registered Agent, Registered Office The name and the Florida street address of the registered	0,7,6
Nancy Meseroll	<i>y</i> 20
Name	
6373 Fairway Cove Drive	
Florida street address (P.O. Box N	OT acceptable)
Port Orange FL	32128
City, State, and Zip	
II will a hora named as resistant descent and to assent a	muing of numerous for the above stated limited

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..

(egisterea/Agent / Signatur

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGRM	Nancy Meseroli	
	6373 Fairway Cove Drive	
	Port Orange, Florida 32128	
MGRM	Alan Meseroli	
	6373 Fairway Cove Drive	
	Port Orange, Florida 32128	
	MSSMX	
	MAKAMENRIK	
	added if an effective date is requested. The an authorized representative of a member. On 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.)		
6373 Fairway Cove Drive		
Турес	or printed name of signce	
	Filing Fees: 100.00 Filing Fee for Articles of Organization 125.00 Designation of Registered Agent 130.00 Certified Copy (Optional) 150.00 Certificate of Status (Optional)	

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