

LD3000033758

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

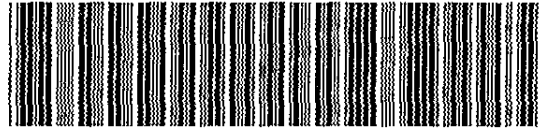
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

J. BRYAN SEP 8 2003

September 1, 2003

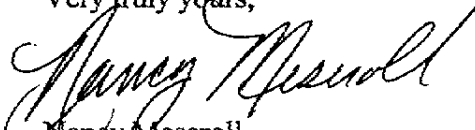
Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee, Florida 32314

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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. HARRIS, 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)

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	<u>Name and Address:</u>
"MGR" = Manager	
"MGRM" = Managing Member	
<u>MGRM</u>	<u>Nancy Meseroll</u>
	<u>6373 Fairway Cove Drive</u>
	<u>Port Orange, Florida 32128</u>
<u>MGRM</u>	<u>Alan Meseroll</u>
	<u>6373 Fairway Cove Drive</u>
	<u>Port Orange, Florida 32128</u>
	<u>MGRM</u>
	<u>MGRM Meseroll</u>

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TALLAHASSEE, FLORIDA

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**

*Nancy Meseroll*  
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.)  
6373 Fairway Cove Drive  
Typed or printed name of signee

Check Enclosed \$160.00

**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)