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(Requestor's Name)

(Address)

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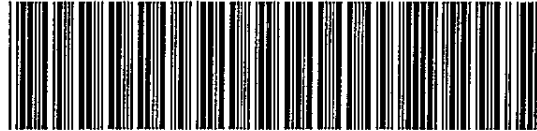
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PICK-UP WAIT MAIL

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Myriam Minacapelli Tiles LC
(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:

Myriam Minacapelli
(Name of Person)

Myriam Minacapelli Tiles LC
(Firm/Company)

po box 238063
(Address)

cocoa / Florida/32923-8063
(City/State and Zip Code)

For further information concerning this matter, please call:

Myriam Minacapelli at (321) 631-0759
(Name of Person) (Area Code & Daytime Telephone Number)

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DIVISION OF CORPORATIONS

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

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

Myriam Minacapelli Tiles LC

ARTICLE II - Address:

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

Principal Office Address:

6640 Addie ave

Port saint John

Florida 32927

Mailing Address:

po box 238063

Cocoa

Florida 32923-8063

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

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

Myriam Minacapelli

Name

6640 addie ave

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

Port Saint John 32927

FLORIDA

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, Florida Statutes..


Registered Agent's Signature

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DIVISION OF CORPORATIONS
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ARTICLE IV- Manager(s) or Managing Member(s):

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Myriam Minacapelli

6640 Addie ave Port Saint John FL 32927

po box 238063 Cocoa FL 32923-8063

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

minacapelli
Signature of a member of 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.)

Myriam Minacapelli
Typed or printed name of signee

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- 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)