

L040000010508

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

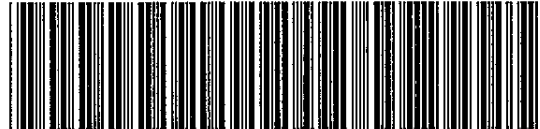
(Business Entity Name)

(Document Number)

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DIVISION OF REGISTRATION

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TALLAHASSEE, FLORIDA

Js

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MICHAEL FOUGHT 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:

MICHAEL FOUGHT
(Name of Person)

MICHAEL FOUGHT LLC
(Firm Company)

3280-C42 S. ATLANTIC AVE
(Address)

DAYTONA BEACH SHORES, FLORIDA
(City, State and Zip Code)
32118

For further information concerning this matter, please call:

MICHAEL FOUGHT at 386 547 5820
(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

04 FEB -9 PM 1:05
FILED
TALLAHASSEE, FLORIDA
SECTION OF
STATE

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

MICHAEL FOUGHT LLC

ARTICLE II - Address:

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

Principal Office Address:

MICHAEL FOUGHT LLC
2051 PIONEER TRAIL #159
NEUSMYRNA BEACH, FLORIDA
32168

Mailing Address:

MICHAEL FOUGHT LLC
3280-C42 S. ATLANTIC AVE
DAYTONA BEACH SHORES, FLORIDA
32118

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

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

MICHAEL FOUGHT
Name
2051 PIONEER TRAIL #159
Florida street address (P.O. Box **NOT** acceptable)
NEUSMYRNA BEACH, FLORIDA
City, State, and Zip 32118

04 FEB -9 (11:10:06)
SELF
TALLAHASSEE, FLORIDA

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..

[Signature]
Registered Agent's Signature

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

MGRM 100%

Name and Address:

MICHAEL FOUGHT
2051 PIONEER TRAIL #159
NEW SMYRNA BEACH, FLORIDA
32165

(Use attachment if necessary)

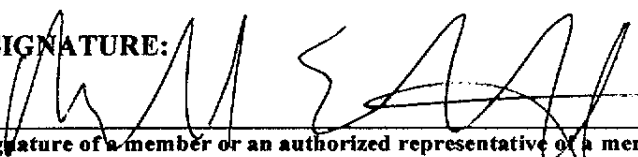
STATE
TALLAHASSEE
FLORIDA

04 FEB -9 PM 4:06

FILED

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

REQUIRED SIGNATURE:


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.)

MICHAEL FOUGHT
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)