# LD4000012918

00855-02827-0P474-02943 \$130.00

(Requestor's Name)			
Miguel Laines (Address)			
P.O. Box 493 (Address)			
Sydney 133587 City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)  Certified Copies Certificates of Status			
Special Instructions to Filing Officer:  213 FL L C			
WS			
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WOY-3418			



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# TRANSMITTAL LETTER

TO:	Registration Section Division of Corporations				
SUBJI	ECT: M. L. FRAMING, LLC				
	(Name of Limited Liability Company)				
The en	closed Articles of Organization and fee(s) are submitted for filing.				
	Please return all correspondence concerning this matter to the following:				
	MIGUEL LAINES				
	(Name of Person)				
	M. L. FRAMING, LLC				
	(Firm/Company)				
	3100 DIXON AVE				
	(Address)				
	DOVER, FL 33527				
	(City/State and Zip Code)				
For fur	ther information concerning this matter, please call:				
GENE	STONE at (813 ) 996-3372				
	(Name of Person) (Area Code & Daytime Telephone Number)				
	3100 DIXON AUE				

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 DOUGE F1. 33527 MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, Florida 32314



### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

January 28, 2004

MIGUEL LAINES M.L. FRAMING, LLC 3100 DIXON AVE. DOVER, FL 33527

SUBJECT: M.L. FRAMING, LLC Ref. Number: W04000003618

We have received your document for M.L. FRAMING, LLC and your check(s) totaling \$105.00. However, the document has not been filed and is being retained in this office for the following:

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

There is a balance due of \$25.00.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Letter Number: 504A00005652

Michelle Hodges Document Specialist

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:	
M. L. FRAMING, 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:
3100 DIXON AVE	
DOVER, FL 33527	
<del></del>	
ARTICLE III - Registered Agent, Registered Office	• • •
The name and the Florida street address of the register	
JEANETTE STONE	E B T
Name	<u> </u>
2711 GLENVIEW DR	
Florida street address (P.O. Box N	OT acceptable)
	ORIDA 34639
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..

Page 1 of 2 (CONTINUED)

## 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	MIGUEL LAINES 3100 DIXON AVE DOVER, FL 33527	
		• • • • • • • • • • • • • • • • • • •
· · · · · · · · · · · · · · · · · · ·		+ + + + + + + + + + + + + + + + + + +
(Use attachment if necessary)		
NOTE: An additional article must be	added if an effective date is requested.	
REQUIRED SIGNATURE:		

Signature of a thember 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.)

MIGUEL LAINES

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)