

W04000031857

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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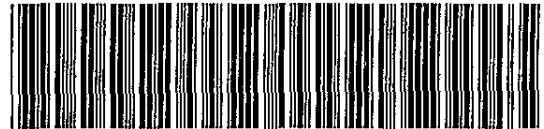
(Business Entity Name)

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TALLAHASSEE, FLORIDA

W04-31857
OK



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

April 13, 2004

THOMAS MORRELL SR.
4410 OKLAWATTA LANE
NEW PORT RICHEY, FL 34655

SUBJECT: MI TECH
Ref. Number: W04000014213

We have received your document for MI TECH and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

Please return your document, along with 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) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 104A00024198

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TALLAHASSEE, FLORIDA
APR 13 2004

104A00024198

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: mi Tech
(Name of Limited Liability Company)

The enclosed Articles of Organization and fec(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

THOMAS Morrell SR
(Name of Person)

mi Tech
(Firm/Company)

4410 OKLAWAHA LN
(Address)

New Port Ritchey FL 34655
(City/State and Zip Code)

For further information concerning this matter, please call:

Scott Olson at (813) 232-9192
(Name of Person) (Area Code & Daytime Telephone Number)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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:

mi Tech 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:

~~4410 OKLAWAHA LN~~

4410 OKLAWAHA LN

New Port Richey

New Port Richey

FL 34655

FL 34655

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

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

THOMAS MORRELL SR.
Name

4410 OKLAWAHA FLN.
Florida street address (P.O. Box **NOT** acceptable)

NEW PORT RICHEY FLORIDA 34655
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.

Thomas D. Morrell
Registered Agent's Signature

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TALLAHASSEE, FLORIDA

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

THOMAS MORRELL SR
4410 OKLAHOMA LN
NEW PORT RICHEY 34655

MGR

THOMAS MORRELL JR
7550 BANNER ST
NEW PORT RICHEY 34653

MGR

Scott Olson
4902 WISHART BLVD
TAMPA FL 33603

(Use attachment if necessary)

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.)

Scott Olson

Typed or printed name of signer

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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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