

L0400004H020

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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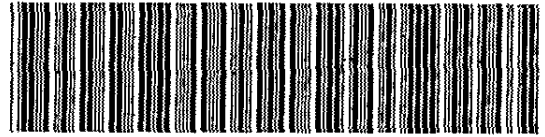
(Business Entity Name)

(Document Number)

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

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FILED  
MAY 25 2004  
TALLAHASSEE, FLORIDA

L04-4/020  
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## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MICHCIA EXPORTS INTERNATIONAL 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:

MICHELLE F. LASHLEY  
(Name of Person)

MICHCIA EXPORTS INTERNATIONAL LLC  
(Firm/Company)

11219 N.W. 43RD COURT  
(Address)

CORAL SPRINGS, FLORIDA 33065  
(City/State and Zip Code)

For further information concerning this matter, please call:

MICHELLE F. LASHLEY at 954 796-7862  
(Name of Person) (Area Code & Daytime Telephone Number)

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TALLAHASSEE, FLORIDA

04/17/15 PM 2:06

**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:

MICHICIA EXPORTS INTERNATIONAL LLC

**ARTICLE II - Address:**

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

Principal Office Address:

11219 N.W. 43RD COURT  
CORAL SPRINGS  
FLORIDA 33065-7201

Mailing Address:

11219 N.W. 43RD COURT  
CORAL SPRINGS  
FLORIDA 33065-7201

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

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

Michelle F. LASHLEY  
Name  
11219 NW 43rd Court  
Florida street address (P.O. Box NOT acceptable)  
Coral Springs FLORIDA 33065  
City, State, and Zip

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*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..*

M. Lashley  
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

**Name and Address:**

PRESIDENT

MICHELLE F. LASHLEY  
11219 N.W. 43RD COURT  
CORAL SPRINGS, FL 33065

VICE PRESIDENT

MARCIA M. LASHLEY  
3700 N.W. 88TH AVE #212  
SUNRISE, FL 33351

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

M. F. Lashley  
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.)

Michelle F. Lashley  
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

31 MAY 25 PM 2:06

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