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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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TRANSMITTAL LETTER

	stration Section sion of Corporations		
SUBJECT:	Michael Gibson, LLC		
	(Name	of Limited Liability Company)	
The enclosed	Articles of Organization and i	Tee(s) are submitted for filing.	
	Please return all co	rrespondence concerning this matter to the following:	
		Amy E Tumer	
		(Name of Person)	
Custom Business Services			
_		(Firm/Company)	O4 JUN-
		P.O. Box 252	
		(Address)	
		Fruitland Park, FL 34731	三
		(City/State and Zip Code)	AHII: 46
For further in	formation concerning this mat	ter, please call:	రా భ
	Amy E Turer	at (352) 516-4736	
	(Name of Person)	(Area Code & Daytime Telephone Num	ber)

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

The name of the Limited Liability Company is:		
Michael Gibson, LLC		
ARTICLE II - Address: The mailing address and street address of the princip	al office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
3801 Griffin Vlew Drive	3801 Griffin View Drive	
Lady Lake, FL 32159	Lady Lake, FL 32159	
ARTICLE III - Registered Agent, Registered Offi The name and the Florida street address of the register	ice, & Registered Agent's Signatures ered agent are:	
Michael R Gibson	94 91	
Name		
3801 Griffin View Driv		
Florida street address (P.O. Box	NOT acceptable)	
Lady Lake City, State, and Zi	FLORIDA 32159 p	

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

Page 1 of 2 (CONTINUED)

The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGR Michael R Gibson 3801 Griffin View Drive Lady Lake, FL 32159 (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.) Michael R Gibson Typed or printed name of signee

ARTICLE IV- Manager(s) or Managing Member(s):

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

Filing Fees:

\$ 5.00 Certificate of Status (Optional)