

L040000069165

2004 AUG 19 P 4: 00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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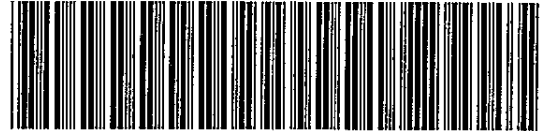
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MIKY LLC.
(Name of Limited Liability Company)

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Please return all correspondence concerning this matter to the following:

MICHAEL W. MCLAUGHLIN & KIM MUELLER
(Name of Person)

(Firm/Company)

118 BRISBANE STREET
(Address)

SEBASTIAN, FL 32958
(City/State and Zip Code)

For further information concerning this matter, please call:

MICHAEL W MCLAUGHLIN at (772) 473-8842
(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

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

FILED

2004 AUG 19 P 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

MIKY LLC.

ARTICLE II - Address:

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

Principal Office Address:

118 BRISBANE STREET

SEBASTIAN, FL 32958

Mailing Address:

118 BRISBANE STREET

SEBASTIAN, FL 32958

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

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

MICHAEL W. MCLAUGHLIN

Name

118 BRISBANE STREET

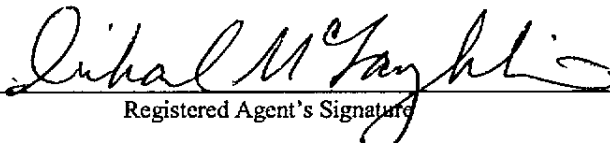
Florida street address (P.O. Box **NOT** acceptable)

SEBASTIAN, FL 32958

FLORIDA

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..


Registered Agent's Signature

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SECRETARY OF STATE
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

MICHAEL W. MCLAUGHLIN

118 BRISBANE STREET

SEBASTIAN, FL 32958

MGRM

KIM MUELLER

118 BRISBANE STREET

SEBASTIAN, FL 32958

(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.)

KIM MUELLER

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)

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Miky LLC. — to be formed

1st OFFICER

MICHAEL McLAUGHLIN

118 BRISBANE Street

SEBASTIAN, FL. 32958

WORK

772-589-8700

CELL

772-473-8842

HOME

772-589-4920

2nd OFFICER

KIM MUELLER

118 BRISBANE Street

SEBASTIAN, FL 32958

HOME

772-589-4920