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(Re	equestor's Name)	
(Ac	ldress)	
(Address)		
(Ci	ty/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
		
Special Instructions to	Filing Officer:	
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LOS-24224

TRANSMITTAL LETTER

SUBJECT: MIKE'S MAINTENANCE & REPAIR, 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:

GEORGE M. TYUS
(Name of Person)

MIKE'S MAINTENANCE & REPAIR, LLC
(Firm/Company)

6740 AMERICUS ROAD
(Address)

GRAND RIDSE, FL
(City/State and Zip Code)

For further information concerning this matter, please call:

STREET ADDRESS:

TO:

Registration Section

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

305 HAR -9 PH 1: 06 Secretary of State

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MIKE'S MAINTENANCE & REP	AR, 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:		
6740 AMERICUS ROAD	6740 AMERICUS ROAD		
GRAND RIDGE, FL 32442	GRANDRIDGE, FR 32442		

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:

Name

Name

6740 Americus Road

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

Arano Ribet Florida 32444

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.

legistered Agent s Signature

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 MGRM GEORGE Mo TYUS 6740 Americus Road GRAND KIDSE, FL 32442 (Use attachment if necessary) NOTE: An additional article must be added if an effective date is requested.

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

REQUIRED SIGNATURE:

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

2005 NAR -9 PM 1: OF SECRETARY OF STATE

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.)