

LOS0000 26286

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300047935403

FILED

2005 MAR 15 PM 12:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03/15/05--01028--005 **125.00

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: M & L HOME EXTERIORS, 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:

MICHAEL C. LEE
(Name of Person)

M & L HOME EXTERIORS, LLC
(Firm/Company)

P. O. BOX 189
(Address)

HOMOSASSA SPRINGS, FL 34447-0189
(City/State and Zip Code)

2005 MAR 15 PM 12:07
SECRETARY OF STATE
TALLAHASSEE, FLCHID.

FILED

For further information concerning this matter, please call:

MICHAEL C. LEE at (352) 628-7723
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|---|---|---|

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:

M & L HOME EXTERIORS, LLC

ARTICLE II - Address:

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

Principal Office Address:

6485 HAMBURG TERRRACE
HOMOSASSA, FL 34446

Mailing Address:

P. O. BOX 189
HOMOSASSA SPRINGS, FL 34447-0189

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

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

LINDA D. LEE

Name

6485 HAMBURG TERRRACE

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

HOMOSASSA, FL 34446

FL

City, State, and Zip

FILED
2006 MAR 15 PM 12:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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, F.S..

Linda D. Lee

Registered Agent's Signature

(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

Name and Address:

MGR

MICHAEL C. LEE

P. O. BOX 189

HOMOSASSA SPRINGS, FL 34447-0189

MGR

LINDA D. LEE

P. O. BOX 189

HOMOSASSA SPRINGS, FL 34447-0189

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Michael C Lee
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 C. LEE

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

FILED
2005 MAR 15 PM 12:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA