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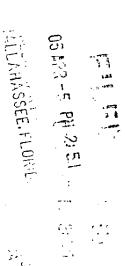
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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04/08/05--01001--012 **160.00



TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Milton Tax (Name o	Service 11C f Limited Liability Company)	
The enclosed Articles of Organization and fee(s) Please return all correspondence concerning this	-	
LAWreke Millon (Name of Person)		
Milton Tax Serv. (Firm/Company)	i ce	
108 Sunday Rd (Address)	·	
ChaTTahaschee, II (City/State and Zip Cod	32324 de)	
For further information concerning this matter, p	please call:	
LAWRENCE Millon Og &. (Name of Person)	(Area Code & Daytime Telephone Number)	IĂ
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	05 APR -5 PH 2:51
		0

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Mitton Tax Service 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:

Cha Takoucher, Fl 32324

108 Sunday Rd Chettahoocher, F1 32324

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

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

LAWRENCE Millor Ogborn

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

Chattahascher FL 32324
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, F.S.,

(CONTINUED)

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

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
M GR	LAWRENCE Millon Ofburn 108 Sunday Rd Cha Tahoocher, Fl 32324
	
(Use attachment if necessary)	
NOTE: An additional article must	be added if an effective date is requested.
REQUIRED SIGNATURE:	
Lauhen cu	- Millon Office
(In accordance with s	ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury erein are true.)
LAWrence	Millon Ogburn 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)