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2005 JUN 22 P 2: 30

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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	FILED
SUBJECT: CY Michaela IIC (Name of Limited Liability Company)	2005 JUN 22 P 2: 30 SEURE TARY 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:	
(Name of Person)	
erulnichaela, War (Firm/Company)	?
340 Royal Poinciana Way Suite 317	- 180
Palm beach, FL 33480 (City/State and Zip Code)	
For further information concerning this matter, please call:	
(Name of Person) at (Sel 3/3) (Area Code & Daytime Te	420G elephone Number)
Enclosed is a check for the following amount:	
☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee &	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

Registration Section

STREET ADDRESS:

Division of Corporations 409 E. Gaines Street

Tallahassee, Florida 32399

Registration Section

~ erin michaela ~

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2005 JUII 22 P 2: 30 June 17, 2005 P 2: 30 SECRETARY OF STATE TALLAHASSEE, FLORIDA

Registration Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

Good afternoon!

Enclosed, please find the Articles of Organization for Erin Michaela, LLC. If they are compiled incorrectly or if you have any questions, please do not hesitate to contact me.

You should be able to reach me on the number listed below. If you are unable to, please call (561) 832-0910.

Many thanks!

Erin M. Ryan

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED	LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:	SECRETARY O TALLAHASSEE.
erin Michaela, LLC	
ARTICLE II - Address: The mailing address and street address of the principal office of the L	imited Liability Company is:
Principal Office Address: Mailing Address:	
340 Royal Poinciana Way Suite 317-180 Saye Palm Beach, FL 33480	
ARTICLE III - Registered Agent, Registered Office, & Registered	l Agent's Signature:
The name and the Florida street address of the registered agent are:	
Evin M. Ryan Name	
Florida street address (P.O. Box NOT acce	Ste. 317-180 ptable)
Palm beam FL 33480 City, State, and Zip	·
Having been named as registered agent and to accept service of proce liability company at the place designated in this certificate, I hereby registered agent and agree to act in this capacity. I further agree to co statutes relating to the proper and complete performance of my duties accept the obligations of my position as registered agent as provide	accept the appointment as amply with the provisions of all s, and I am familiar with and
Registered Agent's Signature	<u>. </u>

(CONTINUED)

ARTICLE IV- Manager(s) or Man	ger or Managing Member is as follows: ED
Title: "MGR" = Manager	Name and Address: 2005 JUN 22 P 2: 30
"MGRM" = Managing Member	SECRETARY OF STATE SECRETARY OF STATE AND TALLAHASSEE, FLORIDA AND ANGULE Rd. #1 WEST PRIM BERCH, FL 33ADS
<u>*</u>	
(Use attachment if necessary)	
NOTE: An additional article mus REQUIRED SIGNATURE:	t be added if an effective date is requested.
Signature of a memb	per of an authorized representative of a member.
(In accordance with s of this document continuate the facts stated	ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury herein are true.)
<u>Er</u>	yped 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)