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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations			,
SUBJECT: BIG MIIIIKE, LLC			
(Name of Limite	ed Liability Company)		
The enclosed Articles of Organization and fee(s) are	submitted for filing.		
Please return all correspondence concerning this matt	er to the following:		
MICHAEL SANDBERG			
	Name of Person)		
	(Firm/Company)	· · · ·	
	(, , ,		
11813 ESTATES CLUB DRIVE # 1422	2		
	(Address)		
ORLANDO, FL 32825			
(City	/State and Zip Code)		
For further information concerning this matter, please	call:		
MICHAEL SANDBERG	at (703) 850-0428	ZE SATAL	
(Name of Person)	(Area Code & Daytime To	elephone Number 5	1
Enclosed is a check for the following amount:		UG - HASS HASS	eryerae canada
☑ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee Certificate of Status & Certified Copy : (additional copy is enclosed)	
STREET ADDRESS:	MAILING A		
Registration Section Division of Corporations	Registration S Division of Co		
409 E. Gaines Street Tallahassee, Florida 32399	P.O. Box 6327 Tallahassee, F	7	
1 W. W. W. W. O.	1 ananassee, 1	101100 22317	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	is:	
BIG MÌIIIKE, LLC		·
ARTICLE II - Address:		
The mailing address and street address of the	principal office of the Limited Lia	ability Company is:
Principal Office Address:	Mailing Address:	
11813 ESTATES CLUB DRIVE # 1422	SAME	
ORLANDO, FL 32825		
ARTICLE III - Registered Agent, Register	red Office, & Registered Agent's	Signature:
The name and the Florida street address of th	e registered agent are:	
MICHAEL SANDBERG		
Nar	me	
11813 ESTATES CLUB DR	RIVE # 1422	TAL SE
Florida street	address (P.O. Box NOT acceptable)	
ORLANDO, FL 32825	FL	55 5 ==
City, Stat	e, and Zip	
Having been named as registered agent and a liability company at the place designated is registered agent and agree to act in this capac statutes relating to the proper and complete accept the obligations of my position as re	n this certificate, I hereby accept th city. I further agree to comply with performance of my duties, and I am	e appointment as the provisions of all n familiar with and
Registered Ager	nt's Signature	

(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" = Mana "MGRM" = Ma	ager anaging Member	Name and Address:	
MGRM		MICHAEL SANDBERG 11813 ESTATES CLUB DRIVE # 1422 ORLANDO, FL 32825	 ·
	<u>. </u>		_ _ _ ,
	· · ·		- - -
			<u>-</u> -
(Use attachmen NOTE: An ad	••	added if an effective date is requested.	
REQUIRED S	IGNATURE:	TALLAH	7005 AUG
	Signature of a member or	an authorized representative of a member.	G
	(In accordance with section	n 608.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury	
	MICHAEL SANDBERG		Q

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)