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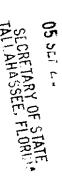
(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: MICHAEL EISWOTTH "LLC" (Name of Limited Liability Company)
(Availed District Enterinty Company)
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
MICHAEL EllSWORTH
(Name of Person)
MICHAEL EllSWORTH "LLC"
(Firm/Company)
707 South BAY Blad down stairs Unit"
ANNA MATIA Florida, 34214 (City/State and Zin Code)
(Only, built and p.p. Code)
For further information concerning this matter, please call:
MICHAEL ELKWOITH at (941) 778-2684 (Name of Person) (Area Code & Daytime Telephone Number)
(and the state of
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

FILED 05 SEP 26 AM 8: 42

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Michael Ellsworth LLC. (Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")	
, and the same of	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:	
Principal Office Address: Mailing Address: Mailing Address:	
ANNA MATIA Florida POBOK 154	
34214 ANNA MACIA FI 34216	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are:	
Michael Elkworth	
707 South Bay Blvd Whits Florida street address (P.O. Box NOT acceptable)	
ANNA-MHYIA FL 34214 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 attemption of 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	Ţ
Michael Ellsword (REQUIRED)	

(CONTINUED)
Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(ber(s	Mem	aging	or Man	s)	anager(·M	IV-	Æ	RTICL	A
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The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	MicHAEL ELBWORTH 707 SBAY BIND (downstairs) ANNA MARIAL FLA, 34216
· 4.	
-	
(Use attachment if necessary)	
ICLE V: Effective date, if other than the a effective date is listed, the date must b 90 days after the date of filing.)	e date of filing: (OPTIONAL be specific and cannot be more than five business days

REQUIRED SIGNATURE:

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.)

HAEL EllSWOTH

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)