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## **COVER LETTER**

	egistration Solivision of Co			
SUBJECT	r: <u>M</u>	B CONSTRUC (Name of Limite	TION LLC d Liability Company)	
The enclos	sed Articles o	f Organization and fee(s) are s	ubmitted for filing.	
Please retu	ırn all corresp	condence concerning this matte	er to the following:	
	MELA	NIE BRADLI	Sy Name of Person)	
*********		(	Firm/Company)	
	1204	E. OAK I	EAF LN.	
			34744 (State and Zip Code)	
For further	information	concerning this matter, please	call:	
MEL	ANIE (Name	BRADLEY of Person)	at ( <u>407</u> ) <u>847</u> (Area Code & Daytime To	Z (ele ) eleptione Number)
Enclosed	is a check fo	or the following amount:		
\$125.00	Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & 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 Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Must end with the words "Limited Liability Company, "Limited	Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1504 E. OAKLEAF LN. KISSIMMEE, FL 34744	ISOY E, OAK LEAF LN, KISSIMMEE, FL 34744
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)  The name and the Florida street address of the registered.	ed Agent. You must designate an individual or another
MELANIE BR	ADCEY
Name	7× °C5
1504 E . OAK LO	<u> </u>
Florida street addre	ess (P.O. Box NOT acceptable)
KISSIMMEE	FL 34744 E. 3
City, State, and	d Zip
liability company at the place designated in this registered agent and agree to act in this capacity, statutes relating to the proper and complete perf	cept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and cered agent as provided for in Chapter 608, F.S

(CONTINUED)
Page 1 of 2

Melanie Bedly
Registered Agent's Signature (REQUIRED)

<u>Title:</u>	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGR	MELANIE BRADLEY 1504 E. OAK LEAF LN. KISSIMMEE, EL 34744
(Use attachment if necessary)  ICLE V: Effective date, if other that effective date is listed, the date me days after the date of filing.)	
ICLE V: Effective date, if other that effective date is listed, the date in	
ICLE V: Effective date, if other that effective date is listed, the date me 90 days after the date of filing.)  REQUIRED SIGNATURE:	
ICLE V: Effective date, if other that effective date is listed, the date my 90 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a my of this document	tust be specific and cannot be more than five business days prior

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)