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(Re	questor's Name)	<u></u>
(Ad	dress)	<u> </u>
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PICK-UP		MAIL
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(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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RECEIVED 05 DEC -8 PH H-DA DIVISION OF CLARCICATION

COVER LETTER

TO: Registration Section Division of Corporations

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MIDWAY 1A SUBJECT: (Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

	JESSE TURN	ame of Person)		0 80	SECRE
	MIDWAY LAND	CLEARING LLC		DEC -8 PH	FILED HASSEE.F
	- 26102 BLUE	(Address)		1:07	LORIDA
	HAVANA, FL	32333 State and Zip Code)			
For further information co	oncerning this matter, please ca	all:			
(Name o	F TLIRAGE	at (<u>850</u>) <u>284-6</u> (Area Code & Daytime Tele			-
Enclosed is a check for	the following amount:	<i>,</i>			
□ \$125.00 Filing Fee	□ \$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	□ \$160.00 Filing For Certificate of Status & Certified Copy (additional copy is enclosed	L	 ,
	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 (5		

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

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The name of the Limited Liability Company is:

MIDWAY LAND CLEAKING LLC

(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 principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:	
26102 BLUE STAR HWY HAVANA, FL 32333	SAME	

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:

Name

26102 BLUE STAR HWY Florida street address (P.O. Box NOT acceptable) 0EC -8

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HAVANIA	FL
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.

(gent's Signature (REQUIRED) Registered /

(CONTINUED)

Page 1 of 2

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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:
MGRM_	JESSE TURNER 26102 BLUE STAR HWY HAVANA, FL 32333
<u>mgrm</u>	ARNOLD ANDERSON 26134 BLUE STAR HUNY HAVANA, FL 32333
	·····

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: ______. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

INRNER Typed or printed name of signee

Filing Fees:

S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

S 5.00 Certificate of Status (Optional)