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DIVISION OF CORFERATIONS

2005 DEC 29 PM 2: 51



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: MG Builders LC (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:
Richard Michael Grina
(Name of Person)
MG Builders LC
(Firm/Company)
6642 Par Court
Wesley Changl Florida 33544
(City/State and Zip Code)
(City/State and Zip Code) City/State and Zip Code) For further information concerning this matter, please call:
Richard Michael Grina at 813, 713-5682
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\sum \\$130.00 Filing Fee & Certificate of Status \$\sum \\$Certified Copy (additional copy is enclosed) \$\sum \\$Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Street/Courier Address Registration Section

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is:		
MG Builders LC		
(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 Cor	npany	/ is:
Principal Office Address: Mailing Address:		
6642 Par Court Wesley Chapel F1 Wesley Chapel F1 33544 33544		
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.)	e: :r	
The name and the Florida street address of the registered agent are: Chard Wichael Gring Name	2005 DEC 29 PM 2: 51	SECRETARY OF STATE AND INVISION OF CORFORATE A
Having been named as registered agent and to accept service of process for the above state liability company at the place designated in this certificate, I hereby accept the appointne registered agent and agree to act in this capacity. I further agree to comply with the provise statutes relating to the proper and complete performance of my duties, and I am familiar was accept the obligations of my position as registered agent as provided for in Chapter 608 Registered Agent's Signature (REQUIRED)	ient a ions o vith a	s fall nd

(CONTINUED)
Page 1 of 2

REQUIRED SIGNATURE:

to or 90 days after the date of filing.)

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 begin are true.)

that the facts stated herein are true.)

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)