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(Ad	dress)			
(Cit	y/State/Zip/Phone	: #)		
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PICK-UP	TIAW	MAIL		
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(Do	cument Number)			
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Certified Copies	Certificates	of Status		
Special Instructions to	Filing Officer:			



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COVER LETTER

TO: Registration Se Division of Co			
SUBJECT: MIDL	O PROPERTIE (Name of Limite	S, LLC d Liability Company)	
The enclosed Articles o	f Organization and fee(s) are s	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
MOLLY	SUSANNE MI		
	(Name of Person)	•
MIDLO I	PROPERTIES,		
		Firm/Company)	
2534 W	EBBER STRE	(Address)	
	OTA EL 242		
SARAS	OTA, FL 342	39 /State and Zip Code)	
For further information	concerning this matter, please	call:	
(Name	of Person)	at () (Area Code & Daytime T	elephone Number)
/	or the following amount:		
∑ \$125.00 Filing Fee	S130.00 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 Addres Registration Section Division of Corporatio 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:

MIDLO PROPERTIES, LLC	
(Must end with the words "Limited Liability Company, "Lir	nited 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:
2534 WEBBER STREET SARASOTA, FL 34239	2534 WEBBER STREET SARASOTA, FL 34239
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Repusiness entity with an active Florida registration.)	red Office, & Registered Agent's Signature: gistered Agent. You must designate an individual or another
The name and the Florida street address of the	e registered agent are:
MOLLY MIDLO	O6 JAN 26 SECONDITION ALLAHASSI
Nan	TREET Address (P.O. Box NOT acceptable)
<u>2534 WEBBER ST</u>	
	address (P.O. Box NOT acceptable)
SARASOTA City, State	Address (P.O. Box NOT acceptable) FL 34239 e. and Zip
City, Suite	,

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.

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

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" = Manage "MGRM" = Mana		Name and Address:		
MGRM	_ , ,	MOLLY SUSANNE MIDLO 2534 WEBBER STREET SARASOTA, FL 34239)	
MGRM	_	JOSEPH MIDLO 2534 WEBBER STREET SARASOTA, FL 34239		
	-			- - -
•	-			- ,
(Use attachment if	f necessary)		,	
	ed, the date must be sp te of filing.)	e of filing: ecific and cannot be more than fi		
	moly	utidla	SEC	96
	Signature of a member or	an authorized representative of a mer	nber.	
	of this document constitute that the facts stated herei		ASSEE, FL	FILED 06 JAN 26 PM 12: 25
		or printed name of signee	ORIDA	2: 25

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)