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J. BRYAN MAR 2 2 2006

COVER LETTER

TO: Registration So Division of Co			
SUBJECT:	V. G. MECHI (Name of Limited	9N1CPL d Liability Company)	
The enclosed Articles of	of Organization and fee(s) are so	ubmitted for filing.	
Please return all corresp	oondence concerning this matte	r to the following:	
Jam	ES Anthony	Loop Name of Person	
		, 	TOUGHAR 20 PM 2: 41 PALLANASSEE, FLOR
	(Firm/Company)	MSS PO
9450	PlayA WA	4	- F. 22 C
\sim	Playa WA	(Address)	ORICOR
14pop	oka, FL (City	32703 (State and Zip Code)	
For further information	concerning this matter, please		
JAMES A. (Name	Loop e of Person)	at (407) 462- (Area Code & Daytime To	7652 elephone Number)
Enclosed is a check for	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 Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns · Circle

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 principal office of the Limited Liability Company is:	
Principal Office Address: Mailing Address:	
JAMES Anthony Loop 9450 Playe Way Apopka, FL 32703	
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:	
James Anthony Loop 03/14/0	1E 5
9450 Playa Way Florida street address (P.O. Box NOT acceptable)	
Apopka, FL 32703 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Membe	Name and Address:
MGR	JAMES Anthony Loop ?
(Use attachment if necessary)	
ICLE V: Effective date, if other to effective date is listed, the date	han the date of filing: <u>3-14-2006</u> . (OPTIONAL) must be specific and cannot be more than five business days
ICLE V: Effective date, if other t	han the date of filing: 3-14-2006. (OPTIONAL) must be specific and cannot be more than five business days
ICLE V: Effective date, if other to effective date is listed, the date 90 days after the date of filing.) REQUIRED SIGNATURE:	han the date of filing: 3-14-2006. (OPTIONAL) must be specific and cannot be more than five business days part of an authorized representative of a member.

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)