L060QQ042909

2006 APR 20 P 4: 17 SECRETARY OF STALLAHASSEE, FL (Requestor's Name) (Address) 500070880115 (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL 34/23/68 -61021--686 **135.60 (Business Entity Name) (Document Number) Certified Copies _____ Certificates of Status _ Special Instructions to Filing Officer:

Office Use Only

COVER LETTER

FILED

TO: Registration Se Division of Co			2006 APR 20 P 4: 17
SUBJECT:	Juan Mex (Name of Limite	Corporation de Liability Company)	SECRETARY OF STATE ALLAHASSEE, FLORIDA
The enclosed Articles of	f Organization and fee(s) are s	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
	Jan <u>Hanu</u>	el Pacheci)
	Juan me	(Firm/Company)	
917	Halifax	Drive	
_Kissi	mmee, Fl	(Address) 34758 /State and Zip Code)	
For further information	concerning this matter, please	call:	
Juan (Name	Pacheco of Person)	at (321) 286 (Area Code & Daytime T	elephone 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 Addres Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

FILED

is:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	SECRETARY OF STATE TALLAHASSEE, FLORIDA
The name of the Limited Liability Company is:	MIGGEE, FLURIDA
June Lice (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 prin	cipal office of the Limited Liability Company
Principal Office Address:	Mailing Address:
917 Halifax Drive Kissimmee, FL 34758	Same
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registered business entity with an active Florida registration.)	Office, & Registered Agent's Signature: ed Agent. You must designate an individual or another
The name and the Florida street address of the reg	gistered agent are:
Juan u Pac	<u>checo</u>
Name	
917 + blifax Florida street addre	DYIVO sss (P.O. Box <u>NOT</u> acceptable)
Kissimmel City, State, and	FL 34758 d 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 Agest's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

		ger or Managing Member is as follows:
Title: "MGR" = Mana "MGRM" = Mar		Name and Address: SECRETARY OF STATE TALLAHASSEE, FLORID,
MER		Juan & Facheco 917 Halifax Drive Kissimmee, FL 34758
(Use attachment	t if necessary)	
CLE V: Effective effective date is li 0 days after the c	e date, if other than the sted, the date must late of filing.)	e date of filing: (OPTIONA be specific and cannot be more than five business day
CLE V: Effective effective date is li	e date, if other than the sted, the date must blate of filing.) IGNATURE:	e date of filing: (OPTIONAl be specific and cannot be more than five business day be specific and cannot be more than five business day be specific and cannot be more than five business day be specific and cannot be more than five business day be specific and cannot be more than five business day be specific and cannot be more than five business day be specific and cannot be more than five business day be specific and cannot be more than five business day be specific and cannot be more than five business day be specific and cannot be more than five business day be specific and cannot be more than five business day be specific and cannot be more than five business day be specific and cannot be more than five business day be specific and cannot be more than five business day be specific and cannot be more than five business day be specific and cannot be

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)