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(Requestor's Name)				
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(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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Special Instructions to Filing Officer:				
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Office Use Only



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B. Tadlock JUN 1 3 2006

COVER LETTER

TO: Registration Sec Division of Cor				
SUBJECT:	ikes DRI (Name of Limite)	TLiability Company)	tinting LL	
The enclosed Articles of	Organization and fee(s) are su	bmitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
AC_	mes Mig	Shape Do	UER	
Mike	's Drywa	11 & Painti	ng LLC	
1307	East Len	non Street		
Lakeland, Florida 33863 Cone (City/State and Zip Code)				
For further information c	oncerning this matter, please c	all:		
James M (Name o	ichael Douel	(Area Code & Daytime Tel	3-3316 ephone Number)	
Enclosed is a check for	r 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 Corporation Clifton Building 2661 Executive Center (Tallahassee, FL 32301	s	



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 1, 2006

JAMES MICHAEL DOVER MIKE'S DRYWALL & PAINTING LLC 1307 E. LEMON ST. LAKELAND, FL 33801

SUBJECT: MIKE'S DRYWALL & PAINTING LLC

Ref. Number: W06000025112

We have received your document for MIKE'S DRYWALL & PAINTING LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

It appears from the name of your document that you may be applying for worker's compensation exemption with the Department of Financial Services. If so, you must complete Article IV.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6911.

Brenda Tadlock Senior Section Administrator

Letter Number: 006A00038071

B. Tadlock JUNY U & 2000

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Mikels Drywall 4 Pa (Must end with the words "Limited Liability Company, "Limited Company" or	their abbreviation LLC," or "L.C.,") & VS
ARTICLE II - Address: The mailing address and street address of the principal office	e of the Limited Liability Company is:
Principal Office Address: Mailing A	Address:
James Michael Douek James 1307 Fast Remon 5t 1367 LAKEIAND, Florida, 33761 LAKE ARTICLE III - Registered Agent, Registered Office, & I (The Limited Liability Company cannot serve as its own Registered Agent. You business entity with an active Florida registration.)	
The name and the Florida street address of the registered age JAMES MICHAE Name 1307 ELEMON Florida street address (P.O. Box LAReland FL City, State, and Zip	Doven St. St.

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)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
M6RM	JAMES Michael Dover
	JAMES Michael Dover 1307 ELEMON ST Lakeland, FL 33801
	- And Down
(Use attachment if necessary)	
	the of filing: $5-22-06$. (OPTIONAL)

ARTIC prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

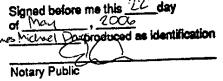
(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

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)



Florida Drivers License

