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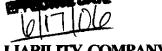
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OF JUN 19 FILIS: 67

COVER LETTER

Division of Co			
SUBJECT: M.C.T.	Millenia L.L.C.		
		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:	
Martyn Sev			
	(Name of Person)	
Seward an	d Company		
,		(Firm/Company)	
56 Fleetwe	ood Drive		
		(Address)	
Palm Coa	st, FI 32137		
	(City	/State and Zip Code)	
For further information	concerning this matter, please	call:	
Martyn Seward		at (386) 446.5080	o ,
(Name	of Person)	(Area Code & Daytime To	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 Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - ! The name of the	Name: e Limited Liability Com	pany is:
M.C.T. Millenia		ny, "Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II -	Address:	of the principal office of the Limited Liability Company is:
Principal Offic	e Address:	Mailing Address:
4350 N.E. 23rd Te	rrace	56 Fleetwood Drive
Lighthouse Point		Palm Coast,
Florida, 33064	· · · · · · · · · · · · · · · · · · ·	Florida, 32137
The Limited Liability business entity with	ty Company cannot serve as its an active Florida registration.)	gistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another s of the registered agent are:
		Name
	56 Fleetwood Drive	1
	Florida	street address (P.O. Box NOT acceptable)
	Palm Coast,	FL 32137
	Cir	ty, 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..

(CONTINUED)
Page 1 of 2

Agent's Signature (REQUIRED)

SECRETARY OF STATE.
TALLAHASSEE, FLORIDA



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" = Manager	Name and Address:
"MGRM" = Managing Mer	nber
MGRM	Franklin M. Ptito
	4350 N.E. 23rd Terrace
	Lighthouse Point, FI 33064
MGRM	Gerard Petito
	1064 Deer Chase
	St Augustine, FI 32086
	
(Use attachment if necessar	
LE V: Effective date, if other	er than the date of filing: June 17, 2006 . (OPTIONAL te must be specific and cannot be more than five business days .)
LE V: Effective date, if other fective date is listed, the date days after the date of filing REQUIRED SIGNATUR	er than the date of filing: June 17, 2006 . (OPTIONAL te must be specific and cannot be more than five business days .)
LE V: Effective date, if other fective date is listed, the date days after the date of filing REQUIRED SIGNATUR	te must be specific and cannot be more than five business days The member of an authorized representative of a member. The member of an authorized statutes, the execution
LE V: Effective date, if other fective date is listed, the date days after the date of filing REQUIRED SIGNATUR Signature of this doctors.	That the date of filing: June 17, 2006 (OPTIONAL te must be specific and cannot be more than five business days (a).) The member of an authorized representative of a member. The member of an authorized representative of a member. The member of an authorized representative of a member. The member of an authorized representative of a member. The member of an authorized representative of a member.
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LE V: Effective date, if other fective date is listed, the date days after the date of filing REQUIRED SIGNATURE (In accordate of this document of the days days after the date of the days after the date of the days after the days a	te must be specific and cannot be more than five business days The member of an authorized representative of a member. The member of an authorized statutes, the execution ment constitutes an affirmation under the penalties of perjury acts stated herein are true.)

Page 2 of 2

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)