# LDCROOD 15% alu

(Requestor's Name)
(Address)
•
(Address)
/ (City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
operating additional to 1 ming officer.
•
·

Office Use Only



200078075792

07/31/06--01022--021 \*\*160.00

06 AUG 31 PM 2: 33
SECRETARY OF STATE
TALLAHASSEF FI OBJE

# **COVER LETTER**

TO: Registration Se Division of Co				
SUBJECT: Mira	Cles J.L.C. (Name of Limite	d Liability Company)		
The enclosed Articles of Organization and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Kathleen	Anne Koch			
(Name of Person)				
Miracles	, L.L.C.			
<u> </u>		Firm/Company)		
440 S.E. 23 Lane				
(Address)				
Homestead, Florida 33033				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
same as above	Э	at (786 ) 367-04	92	
(Name	of Person)	(Area Code & Daytime T	elephone Number)	
Enclosed is a check for 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	Street/Courier Address Registration Section	55	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

DE AUG 31. -PM 2: 33-

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Comp	pany is:
MiraclaLimited Liability Compar (Must end with the words "Limited Liability Compan	ny  y, "Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of	of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
440 S.E. 23 Lane Homestead, Florida 33073	Same!
	gistered Office, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or another
The name and the Florida street address	IIM. on
KathleenA	Koch ARE S
440 5 E. 2	
Homeste	
liability company at the place designa	and to accept service of process for the above stated limited ited in this certificate, I hereby accept the appointment as capacity. I further agree to comply with the provisions of all

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

statutes relating to the proper and complete performance of my duties, and I am familiar with and

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

### 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 "MGRM" = Managing Member	Name and Address:
mgrm	Kathleen A. Koch 40 SE 23 Lane Homestead & 33033

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: A5 5000 AS Rock (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days 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.)

Typed or printed name of signee

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)

OG AUG 31 PM 2:33