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| PICK-UP                 | <b>WAIT</b>               | MAIL   |
| (Bu                     | sin <b>ess</b> Entity Nam | e)   |
| (Do                     | cument Number)            |  |
| Certified Copies        | Certificates              | of Status  |
| Special Instructions to | Filing Officer:           |  |
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#### TRANSMITTAL LETTER

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

DATE: September 7, 2006

SUBJECT: JAMES E. YORK, LLC

The enclosed Articles of Organization and fees are submitted for filing. Please return all correspondence concerning this matter to the following:

James E. York 1204 White Oak Lane Fort Pierce, FL 34982

For further information concerning this matter, please call: James E. York at (772)466-1178.

Also enclosed is a check for \$ 130.00:

| $\boxtimes$ | \$100.00 | Filing Fee                       |
|-------------|----------|----------------------------------|
| $\boxtimes$ | \$ 25.00 | Designation of Registered Agent  |
|             | \$ 30.00 | Certified Copy (Optional)        |
| $\boxtimes$ | \$ 5.00  | Certificate of Status (Optional) |

FROM:

James E. York, Mgr

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I Name

The name of this Limited Liability Company is:

MICHAEL T. YORK, LLC



## ARTICLE II Address

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address: 1204 White Oak Lane

Fort Pierce, FL 34982

**Mailing Address:** 

1204 White Oak Lane Fort Pierce, FL 34982

## ARTICLE III Registered Agent, Registered Office, & Registered Agent's Signature

The name and the Florida street address of the registered agent are:

Michael T. York 1204 White Oak Lane Fort Pierce, FL 34982

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, Fflorida Statutes.

Michael T. York Registered Agent

DIVISION OF CORPORATIONS

## ARTIVLE IV Manager(s) or Managing Member(s)

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

Title:

Name and Address:

"Mgr" = Manager

"MGRM" - Managing Member

**MGR** 

Michael T. York 1204 White Oak Lane Fort Pierce, FL 34982

#### **ARTIVLE V**

The effective date of this it shall be October 1st, 2006.

Required Signature:

Michael T. York, Wanager

1204 White Oak Lane Fort Pierce, FL 34982

772-466-1178

Date

(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.)