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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Oily-Callandar, Walletin,
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

Division of Con				
SUBJECT:	D Service			_
	(Name of Limited	d Liability Company)		
The enclosed Articles of	Organization and fee(s) are so	ubmitted for filing.		
Please return all correspo	endence concerning this matte	r to the following:		
	Morgan	Densley Name of Person)	<u> </u>	
	MD Service			······································
		Shell 2 (Address) Sles, FL (State and Zip Code)	٥.	
	1	(Address)		
	Matlacha I	sles, FL.	33991	DIVIS
	(City	/State and Zip Code)		SECRE SECRE SECRE OZ APR
For further information c	oncerning this matter, please	call:		- - - - - - - - - -
Morsan	Densley	at (207) 632 (Area Code & Daytime To	-5527	OF STATE
(Name e	of Person)	(Area Code & Daytime To	elephone Number)	E S7
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 Filin Certificate of Sta Certified Copy (additional copy is e	itus &
	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

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The name of the Limited Liability Company is:

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 principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
12/23 Moon Shell Dr. Matlacha Isla, FL	12123 Moon Shell Dr. Matlacha Isley EL
Matlacha Isla, FL	Matlacha Isle FL
33991	3399/

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Morsan Densley	07	SIAIO
Name	APR	NOK SORE
12123 Moon Shell Dr.	2	957
Florida street address (P.O. Box NOT acceptable)	A	25 25 27 27
Matlacha Isle FL 33991	==	ANO.
City, State, and Zip	57	를 등

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) Page 1 of 2

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 Member MGR	Morgan Densley 12123 Moon Shell Dr. Medlacher Tiles, FL 33991
	O7 APR -2
(Use attachment if necessary)	E.V. CONFIGNATIONS F.V. CONFIGNATIONS F.V. CONFIGNATIONS
ARTICLE V: Effective date, if other than the date (If an effective date is listed, the date must be sp to or 90 days after the date of filing.)	e of filing: (OPTIONAL) cecific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
Signature of a member of	an authorized representative of a member.
of this document constitute that the facts stated herei	608.408(3), Florida Statutes, the execution s an affirmation under the penalties of perjury n are true.)
Morgan	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)