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(Requestor's Name)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
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Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					





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DIVISION OF THE BISING TO HOUSEVER.

COVER LETTER

	TO: Registration Section Division of Corporations							
	SUBJECT: MICHAEL'S FINISH CARPENTRY SERVICES LLC. (Name of Limited Liability Company)							
	The enclosed Articles of Organization and fee(s) are submitted for filing.							
	Please return all correspondence concerning this matter to the following:							
	Joseph M. SPINAZZÍ (Name of Person)							
	(Firm/Company)							
	12 MORGAN PL. PORT WASH. N-Y 11050							
	New York N-Y 11050 (City/State and Zip Code)							
	For further information concerning this matter, please call:							
	(Name of Person) at (516) 7678006 (Area Code & Daytime Telephone Number)							
	Enclosed is a check for the following amount:							
•	\$125,00 Filing Fee \$\Bigsim \\$130,00 Filing Fee & \Bigsim \\$155.00 Filing Fee & \Bigsim \\$160,00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)							
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle							

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:
MICHAEL'S FINISH CARPENTRY SERVICES'LLC!
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is

Principal Office Address:		<u> Maiing Address:</u>			
12 MORGAN PL. PORT WASHINGTON N-Y					
INASHINGTON N-Y					
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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:

ARTICLE I - Name:

Name

1500 N 12CT APT CLB

Florida street address (P.O. Box NOT acceptable)

HOLlywood FL 33019

City, 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2 SECRETARY OF STATE
DIVISION OF COPPORATIONS

OF HIT 21, AMIL: 57

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:
MGR.	12 MORGAN PL. PORT WASHINGTON N-Y 11050 JOSEPH M. SPINGZZI
-	
If an effective date is listed, the date must o or 90 days after the date of filing.)	ne date of filing: (OPTIONAL) be specific and cannot be more than five business days price
REQUIRED SIGNATURE:	
Signatur of a men	ber or an authorized representative of a member.
(In accordance with so of this document con that the facts stated	section 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury I herein are true.)
Joseph.	M. S PINA221 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)

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