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OF NO

AHASSEE, FLORIDA

COVER LETTER

Division of Cor			
SUBJECT:	Mike Burne	CONSTRUCT d Liability Company)	ion
	(Name of Limite	d Liability Company)	
The enclosed Articles of	Organization and fee(s) are so	ubmitted for filing.	
Please return all correspondence	ondence concerning this matte	er to the following:	•
MI	ce Burnett		
		Name of Person)	
Mi	Ke Burnett	Covist.	
		(Firm/Company)	07,
1805	Chena	divo	AON AON
	•	(Address)	SSX 2
TALL	ahasset,	EL 32311	
	(City	//State and Zip Code)	OR OF
For further information of	concerning this matter, please	call:)r
		at ()	
(Name	of Person)	(Area Code & Daytime Tel	ephone 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 (Tallabasses, El. 32301)	s

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:
MIKE BURNET CONSTRUCTION, L.L.C.," or "LLC.") (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is
Principal Office Address: Mailing Address:
1865 Cheng Olive Mike BurnTT TAllAhASSEE FL 32311 TAllAhASSEE FL 32311 TAllAhASSEE FL 32311
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:
Mike Brenett Name
1805 Chena dive Florida street address (P.O. Box NOT acceptable)
TAllahassee FL 3231
Oity, 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)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing: . (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.) SURNETI 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)