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(Requestor's Name)	-
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PICK-UP WAIT MAIL	
(Business Entity Name)	-
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Certified Copies Certificates of Status	
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Special Instructions to Filing Officer:	
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SECRETARY OF STATE

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COVER LETTER

Division of Co.		,	
SUBJECT: MIMSO	CO, LLC.		
		ed Liability Company)	_
The enclosed Articles of	Organization and fee(s) are	submitted for filing.	
Please return all correspo	ondence concerning this matt	ter to the following:	
James P.	Teele Teele	•	
		(Name of Person)	
Mimsco, L	LC.		97 H
		(Firm/Company)	黑品
2442 Emp	ire Avenue	·	OT HOW 13 PM 3:3 SECRETARY OF STAT
		(Address)	
Melbourne	, FL 32934-7576	<u>-</u>	STATE OALD
	(Cit	y/State and Zip Code)	→
For further information of	concerning this matter, please	e call:	
James P. Teele	;	at (321 \ 960-6961	
(Name	of Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check for	r the following amount:		
\$125.00 Filing Fee	✓\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Certified Copy (additional copy is enclosed) Certificate of S Certified Copy (additional copy is	Status &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company i	s:
Mimsco, LLC.	
(Must end with the words "Limited Lia	bility 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:
2442 Empire Avenue	2442 Empire Avenue
Melbourne, FL 32934-7576	Melbourne, FL 32934-7576
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot servé as its own Registeres entity with an active Florida registration.)	ed Office, & Registered Agent's Signature:
The name and the Florida street address of the	registered agent are:
James P. Teele	·
Nam	ie
2442 Empire Avenu	ne
Florida street a	ddress (P.O. Box NOT acceptable)
Melbourne, FL 3293	34-7,576
City, State	, and Zip
Having heen named as registered agent and to	accent service of process for the above stated limited

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)

ARTICLE IV- Manager(s) or Managing Member(s):

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

MGR	James P. Teele 2442 Empire Avenue Melbourne, FL 32934-7576
MGRM	Sheila M. Teele
	2442 Empire Avenue Melbourne, FL 32934-7576
	ECRETATION TO THE CONTRACT OF
<u>. </u>	TEST
(Use attachment if necessar) ·
LE V: Effective date, if other	than the date of filing: (OPTION
fective date is listed, the da days after the date of filing	must be specific and cannot be more than five business da

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.)

James P. Teele

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)