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DIVISION OF STREET

COVER LETTER

Registration Section

TO:

Division of Cor	rporations		
SUBJECT: Mel	in Austin's Pla (Name of Limited	stering and Stuced Liability Company)	cog LLC
The enclosed Articles of	f Organization and fee(s) are so	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
	Melvin	Austia Name of Person)	
1	Melvin Austins	Plastering and Firm/Company)	Styce, LLC
	14273 97 th	Ln.	
	Live Oak FL	(
For further information	concerning this matter, please	,	4672 ephone Number)
Enclosed is a check fo	. 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 Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	•
Melvin Austin's Plastering and (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 prin	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
566 ElDorado St. Daytona Beach FL 32/14	Melvin Austin 566 El Donado St. Daytona Beach FC 32/14
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the reg	SECRET VISION VI
Melvin Austin	0V 26
566 EL Dorado S Florida street addre	ess (P.O. Box <u>NOT</u> acceptable)
Day to na Beach City, State, and	FL 32114 8 50

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

Title: "MGR" = Manager "MGRM" = Managing Memb	Name and Address:
MGR	Melvin Austin 566 ELDonado Sto Daytona Beach FL 32114
(Use attachment if necessary)	•
LE V: Effective date, if other fective date is listed, the date days after the date of filing.)	than the date of filing: 11-26-07. (OPTION must be specific and cannot be more than five business dates
REQUIRED SIGNATURE	

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

that the facts stated herein are true.)

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

Melvin T. Austin
Typed or printed name of signee