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A. LUNT

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**EXAMINER** 

# COVER LETTER

Registration Section

TO:

Division of Col	rporations		
SUBJECT:	mybling Ubling (Name of Limited	L.L.C.	
	/ (Name of Limited	a Liability Company)	
The enclosed Articles of	Organization and fee(s) are su	abmitted for filing.	
-	ondence concerning this matter	_	
Bertha	.m. Wheele	Name of Person)	
myb	ling Ubling L.L.	• • • • • • • • • • • • • • • • • • •	
Ţ	3 3 (	Firm/Company)	7008 SEC
<u>P.O.</u>	BOX 16/303	Altamonte (Address)	Spring I
		(Address)	3 3 3 S
	FL 32	7//	
	<del></del>	State and Zip Code)	P 4: 0b
·			왕
For further information of	concerning this matter, please of	eall:	>
Bertha m	. Wheeler	at ( <u>407</u> ) <u>865-</u> (Area Code & Daytime Tel	- 7434 ephone Number)
	,	`	•
Enclosed is a check fo	r 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 ( Tallahassee, FL 32301	s

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:
Mybling L.L.C.  (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:
380 South State Road 434 P.D. Box 16/303
Suite 1004-303 Altamonte Springs, FL 32716 FL 32716
MHAMONTE SPRINGS, FC SXIII6 FL 32/16
ARTICLE III - Registered Agent, Registered Office, & Registered Agent Sign gure:  (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:
Ta Cara Shanae Wheeler
6701 Alta. Westgate DR. Apt.# 72080
Florida street address (P.O. Box NOT acceptable)
Oxlando FL 32818
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)

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

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

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
"MGR"	Bertha M. Wheeler 1202 Leeway Ave.
	1202 Leeway Ave. Orlando, FL 32810
"MGRM"	Ta Cara Shange Wheeler
	Apt # 1208 Delando, FL 32818
	7008 TALL
	ARE IN ARE
	B) F
	F S S A S S A S A S A S A S A S A S A S
/TX 1 10	DA O
(Lice attachment if necessary)	

#### **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.)

Sertha M. Wheeler

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)