08000058809

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

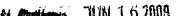




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05/19/08--01024--019 **130.00

OB JUN 16 PH 3: 35
SECRETARY OF STATE
TALL AHASSEE FLORIDA



COVER LETTER

` TO: Registration Division of C			
SUBJECT: MICO	Holdings		
SUBJECT:		ited Liability Company)	
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please return all corres	pondence concerning this mat	tter to the following:	
Michael D). Mendez		
		(Name of Person)	
	•		
		(Firm/Company)	
6658 Cre	scent Woods Circl	e	
-		(Address)	
Lakeland,	, FL 33813		
	(Cit	ty/State and Zip Code)	
For further information	concerning this matter, please	se call:	
Michael D. Me	endez	_at (_863) 738-4303	
(Nam	e of Person)	(Area Code & Daytime Telephone Number	er)
Enclosed is a check f	or the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	e of 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	



June 2, 2008

MICHAEL D. MENDEZ 6658 CRESCENT WOODS CIRCLE LAKELAND, FL 33813

SUBJECT: MICO HOLDINGS, LLC Ref. Number: W08000025050

We have received your document for MICO HOLDINGS, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Your reinstatement was filed under the current name on file with our office. If you wish to amend your name, please contact the amendment section at (850) 487-6050.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

MICO Holdings, LLC (Must end with the words "Limi	ted Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address o	f the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
6658 Crescent Woods Circle	6658 Crescent Woods Circle
Lakeland, FL 33813	Lakeland, FL 33813
(The Limited Liability Company cannot serve as its o	istered Office, & Registered Agent's Signature: wn Registered Agent. You must designate an individual of another
	wn Registered Agent. You must designate an individual of another 名
(The Limited Liability Company cannot serve as its o business entity with an active Florida registration.)	wn Registered Agent. You must designate an individual or inother and of the registered agent are:
(The Limited Liability Company cannot serve as its o business entity with an active Florida registration.) The name and the Florida street address	wn Registered Agent. You must designate an individual or another 8 of the registered agent are:
(The Limited Liability Company cannot serve as its o business entity with an active Florida registration.) The name and the Florida street address	wn Registered Agent. You must designate an individual or inother 8 of the registered agent are:
(The Limited Liability Company cannot serve as its o business entity with an active Florida registration.) The name and the Florida street address Michael D. Mer 6658 Crescent	wn Registered Agent. You must designate an individual or inother 8 of the registered agent are:
(The Limited Liability Company cannot serve as its o business entity with an active Florida registration.) The name and the Florida street address Michael D. Mer 6658 Crescent	wn Registered Agent. You must designate an individual or another 8 of the registered agent are: Idez

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

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	Name and Address:
"MGRM" = Managing Member	
	Heather Mendez = "MGR"
	6658 Crescent Woods Circle
	Lakeland, FL 33813
	
(Use attachment if necessary)	*·
ICLE V: Effective date, if other tha	an the date of filing: (OPTIONAL)
n effective date is listed, the date m 90 days after the date of filing.)	ust be specific and cannot be more than five business days pr
o days are the date of hing.	08 JUN 16 SECRETA
DEOLIDED CICKLETIDE	
<u>REQUIRED</u> SIGNATURE:	
$\gamma_{\rm c}$	nember or an authorized representative of a member. with section 608.408(3), Florida Statutes, the execution
Signature of a m	nember or an authorized representative of a member.
of this document	with section 608.408(3), Florida Statutes, the execution t constitutes an affirmation under the penalties of perjury stated herein are true.)
Heather M	Mendez
	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)