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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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M. THOMAS

SEP - 3 2008

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# COVER LETTER

Division of Co			
SUBJECT: Mission	n Direct LLC		
	(Name of Limite	d Liability Company)	
The enclosed Articles of	f Organization and fee(s) are s	submitted for filing.	
Please return all correspondent	ondence concerning this matte	er to the following:	
John B Jea	an		_
	(	(Name of Person)	_
Mission D	irect LLC		
		(Firm/Company)	<del>_</del>
1108 Asbu	ıry Way		
		(Address)	
Boynton B	each Fl 33426	40	280
	(City	y/State and Zip Code)	THE T
For further information	concerning this matter, please	call:	08 SEP -2 PM 1:00
John B. Jean		at 561 846 9147	1:0
(Name	of Person)	(Area Code & Daytime Telephone Number)	THE O
Enclosed is a check for	or the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Securificate Status & Certified Copy (additional copy is enclosed) 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 Circle	

Tallahassee, FL 32301

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Mission Direct LLC	
(Must end with the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the property o	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1108 Astrury way. Boynton Brack, 11 33 426	1108 Asbury Way  Boynton Beach FI 33426
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.)	d Office, & Registered Agent's Signature: 岩色 と
The name and the Florida street address of the	registered agent are:
John B Jean	Šu,
Name	
1108 Asbury way	dress (P.O. Box NOT acceptable)
Boynton Beach FI 33	• •
City State	<del></del>

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

### 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 "MGRM" = Managing Memb	Name and Address:
Manager	JOhn B Jean
	11 08 Asbury Way
	Boynton Beach FI 33426
Mgrm	Santanie Fertil
<del></del>	11 08 Asbury Way
	Boynton Beach FI 33426
	than the date of filing: OPTION 15
	must be specific and cannot be more than five business days prior

## **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.)

John B Jean

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)