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DIVISION OF CORPORATIONS

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T. HAMPTON

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EXAMINER

## **COVER LETTER**

Division of Corporations
SUBJECT: 6/en Stephen's Bu, lding + Remodeling L.L.C. (Name of Limited Liability Company)
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Stephen Mick (Name of Person)
Colen Stylen's Building & Remodeling L.C. (Firm/Company)
60215W/37h5t
(Address)
Plantation FC. 33317 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
Steplen Mick at (954) 651-1268  (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \$
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Liability Company is:			
Glen Stephen's Building + Remodeling L.L.C. (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street address of the printing address and street address address and street address and street address and street address address address address and street address and street address a	ncipal office of the Limited Liability Com	pany is:	
Principal Office Address:	Mailing Address:		
6021 SW 13 th Sf Plantation PL 33317	Same		
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)			
The name and the Florida street address of the re	<del>-</del>		
Steplen M.c. Name  6021 5 w  Florida street addr	k		
Name			
6021 SW	13th St		
Florida street addr	ess (P.O. Box <u>NOT</u> acceptable)		
Plantation City, State, as	FL 33317		
City, State, ar	nd Zip		
Having been named as registered agent and to a liability company at the place designated in th registered agent and agree to act in this capacity statutes relating to the proper and complete per accept the obligations of my position as regist	nis certificate, I hereby accept the appointme I further agree to comply with the provision formance of my duties, and I am familiar w	ent as ons of all ith and	
1 1	Med	SECRET DIVISION O	
7		S A	
		ARY OF STATE OF CORPORATION	
CONTINI	TIC (D)	<b>- 9</b>	

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<u>Citle:</u> 'MGR" = Manager 'MGRM" = Managing Member	Name and Address:
MGRM	Stephen Mick 6021 SW 1311 St Plantation FC 33317
<del></del>	
<del></del>	
(Use 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.)

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)

SECRETARY OF STATE DIVISION OF CORPORATIONS