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Effective Date 04/01/09

SECRETARY OF STATE
DIVISION OF CORPORATION

T. HAMPTON

FIN - 7 2009

EXAMINER

COVER LETTER

TO:	Registration So Division of Co		
SUBJI	ECT∙	Michael "C" Co	nstruction, LLC
0020		(Name of Limite	ed Liability Company)
The en	closed Articles of	Organization and fee(s) are	submitted for filing.
Please	return all correspondent	ondence concerning this matt	er to the following:
	Jean A. L		
			(Name of Person)
			(Firm/Company)
	530 Ridge	wood Ave.	
			(Address)
	Holly Hill,		
		(Cít	y/State and Zip Code)
For fu	rther information	concerning this matter, please	e call:
Jea	n A. Ludde	ni	at (386) 257-1068
	(Name	of Person)	(Area Code & Daytime Telephone Number)
Enclo	sed is a check fo	or the following amount:	
☑ \$125	.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy Certificate of 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

Effective Date 04/01/09

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	OMDA EMITED EMBERTI COMPACT
ARTICLE I - Name: The name of the Limited Liability Company is:	
Michael "C" Construction, LLC	
(Must end with the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the preprincipal Office Address:	rincipal office of the Limited Liability Company is: Mailing Address:
30 Ridgewood Ave.	same
Holly Hill, FL 32117	
nolly mill, PL 32117	

The name and the Florida street address of the registered agent are:

Jean A. Luddeni
Name
530 Ridgewood Ave.
Florida street address (P.O. Box NOT acceptable)
Holly Hill, FL 32117 FL
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)
Page 1 of 2

SECRETARY OF STATE DIVISION OF CORPORATIONS

09 APR -6 AMII: 16

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

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

MGR	Michael C. Luddeni, Sr.
	26 Indanhead Dr.
	Ormond Beach, FL 32174
MGRM	Jean A. Luddeni
	26 Indianhead Dr.
	Ormond Beach, FL 32174
(Use attachment if necessary)	
	the date of filing: April 1, 2009. (OPTIO) be specific and cannot be more than five business of

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.)

Jean A. Luddeni

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)