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## COVER LETTER

TO: Registration Section **Division of Corporations** SUBJECT: MIGUEL The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/Company E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Area Code & Daytime Telephone Number Enclosed is a check for the following amount: \$130.00 Filing Fee & □\$125.00 Filing Fee ■\$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street/Courier Address **Mailing Address** Registration Section Registration Section **Division of Corporations** Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 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:

	A
Mighel Consfi (Might end with the words "Limited Lial	Cuchion LLC bility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1729 Bernay Blud Tallahassee FL 32303	Some
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Reg business entity with an active Florida registration.)	
1729 Be Florida street a Tollahasse	Herring  AHARY OF STARY OF STARY OF STATE  AHARY OF STARY OF STATE  CHANGE BLOOM STATE  CHANGE BLOOM STATE  AHARY OF STARY OF STARY OF STATE  CHANGE BLOOM STATE  AHARY OF STARY OF STARY OF STATE  CHANGE BLOOM STATE  AHARY OF STARY OF STA
City, S	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

The name and addre	ess of each Manager or Managing Member is as follows:
Title: "MGR" = Manager "MGRM" = Manag	Name and Address:
MGRM	Rose Mary Herring 1729 Bernuy BIVD: Tallahassee FL 32303
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(Use attachment if r	necessary)
	e, if other than the date of filing: (OPTIONAL) , the date must be specific and cannot be more than five business days prior of filing.)
<u>REQUIRED</u> SIGN	ATURE:
of	n accordance with section 608.408(3), Florida Statutes, the execution this document constitutes an affirmation under the penalties of perjury at the facts stated herein are true.)  HOSE_MAN HERLING
Filing Fees:	Typed or printed name of signee

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

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)