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SECRETARY OF STATE

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT: Mittelstadt Bookkeeping Service 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: Myles Mittelstadt Name of Person Mittelstadt Bookkeeping Service Firm/Company 35144 Silver Oak Dr. Address Leesburg, FL 34788 City/State and Zip Code dakotag98@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Myles Mittelstadt ,408-7068 Area Code & Daytime Telephone Number Name of Person Enclosed is a check for the following amount: **□**\$125.00 Filing Fee ■\$155.00 Filing Fee & □ \$160.00 Filing Fee, **□**\$130.00 Filing Fee & Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) **Mailing Address** Street/Courier Address Registration Section Registration Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

pal office of the Limited Liability Company ailing Address: 144 Silver Oak Dr. Leesburg, FL 34788	is:
	
144 Silver Oak Dr. Leesburg, FL 34788	
tered agent are:	
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PES:	ΕD
(P.O. Box NOT acceptable)	
	Tice, & Registered Agent's Signature: Agent. You must designate an individual or another tered agent are: (P.O. Box NOT acceptable) 34788 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

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

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

Title:	ann	Name and Address:	
"MGR" = M "MGRM" =	Managing Member		
MGR		Myles Mittelstadt	
		35144 Silver Oak Dr.	
		Leesburg, FL 34788	
			<u>—</u>
			
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-		- 1,	
	nent if necessary) tive date, if other than the	date of filing: 07/23/10 (OP	TIONAL)
	is listed, the date must be he date of filing.)	specific and cannot be more than five busin	ess days prie
REQUIRE	SIGNATURE:		<u> </u>
	Myla 1	Nuttel tout	FILED JUL 28 AM II: 34 ORETARY OF STATE
	Signature of a member	or an authorized representative of a member.	FILED 28 AM TARY OF
	(In accordance with sec	tion 608.408(3), Florida Statutes, the execution	유물
	that the facts stated here	tutes an affirmation under the penalties of perjury ein are true.)	STA
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	Myles Mittelstadt		⊋mi -

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)