L12000093815

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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EFFECTIVE DATE 7/16/12



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07/18/12--01010--020 **125.00

SECRETARY OF STATE TALLAHASSEE, FLORING

D. BRUCE

JUL 19 2012

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Mike Williams, Name of Limited L	LLC.
Name of Limited L	naomity Company
The enclosed Articles of Organization and fee(s) are subn	nitted for filing.
Please return all correspondence concerning this matter to	the following:
Mille Williams	
Nan	ne of Person
Fin	m/Company
/200 Drew 3	SE TAL
	Address
Clearwoler	1 333 TC
<u>Clearwater</u> , E	
E-mail address: (to be used for fu	the and Zip Code TO THE TO TH
	ture annual report notification)
For further information concerning this matter, please call	# ₽
Mike williams at	(727) 676-7181 Area Code & Daytime Telephone Number
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
Certificate of Status	\$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy Certificate of Status & 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 1 - Name: The name of the Limited Liability Co	ompany is:	
Mike (Must end with the words "	Cillians LLC. Limited Liability Company, "L.L.C.," or "LLC.")	
. David and		
ARTICLE II - Address:	ss of the principal office of the Limited Liability Company is:	
The maning address and silver address	ss of the principal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
1200 Draw St		
1200 Draw St	755 SAMe.	
(The Limited Liability Company cannot serve as business entity with an active Florida registratio The name and the Florida street address and the Florida street address florida stree	SA π.	ATT AUYEU
liability company at the place desi registered agent and agree to act in to statutes relating to the proper and c accept the obligations of my posit	gent and to accept service of process for the above stated limited ignated in this certificate, I hereby accept the appointment as his capacity. I further agree to comply with the provisions of all complete performance of my duties, and I am familiar with and tion as registered agent as provided for in Chapter 608, F.S gent's Signature (REQUIRED)	

(CONTINUED)

Page 1 of 2

EFFECTIVE DATE 7/16/12

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Mike williams
	1200 Drew St
	Clearmoter, FL 33755
(Use attachment if necessary)	
CLE V: Effective date, if other than t effective date is listed, the date must	the date of filing: (OPTIONAL) t be specific and cannot be more than five business days prior
CLE V: Effective date, if other than t effective date is listed, the date must	the date of filing: (OPTIONAL) t be specific and cannot be more than five business days prior
CLE V: Effective date, if other than t effective date is listed, the date must	t be specific and cannot be more than five business days prior SECRETARY TALLAHASSE
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE:	t be specific and cannot be more than five business days prior SECRETARY OF TALLAHASSEE,
CLE V: Effective date, if other than the effective date is listed, the date must 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a memory of the effective date in the section of the constitutes an affirmation under the section of the effective date in the section of the effective date in the section of the effective date in the effective date is listed, the date must be determined as the effective date in the effective date in the effective date is listed, the date must be determined as the effective date in the effective date in the effective date is listed, the date must be determined as the effective date in the effective date in the effective date is listed, the date must be determined as the effective date in th	t be specific and cannot be more than five business days prior SECRETARY OF TALLAHASSEE.

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)