## L12000141672

(Re	questor's Name)	
(Add	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu:	siness Entity Nan	ne)
. (Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	
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SECRETARY OF STATE

J. SAULSBERRY EXAMINER

NOV 8 2012

## **COVER LETTER**

	Registration S Division of Co					
SUBJEC	т. М	ike Woodson	LLC			
SCHOLC		Name of Limi	ted Liability Comp	any		
The encl	osed Articles o	f Organization and fee(s) are	submitted for filing	<b>3</b> .		
Please re	turn all corresp	ondence concerning this mat	ter to the following	· •		
(	Cynthia	Marrs				
_			Name of Person			
			Firm/Company		<del></del>	
6	645 Cla	assic Ct. Ste.	104			
			Address		<b>2</b>	
	Melbou	rne, FL 3294	.0		SECH	2 × ×
	morro@		ty/State and Zip Cod	e	N A	342 NOV -6
_	marrs@c	E-mail address: (to be used	for future annual rep	ort notification)		<u> </u>
For furth	er information	concerning this matter, please	e call:		F S I	<b>5</b>
Cyn	thia Ma	arrs	321	508-3846	AT A	<del>*</del> -2
		of Person		e & Daytime Telephone Num	ber	
Emalaga	d is a shoot f	on the fallowing emount:				
	O Filing Fee	or the following amount: □\$130.00 Filing Fee & Certificate of Status	□\$155,00 Filin Certified Co (additional cop	py Certific y is enclosed) Certifie	ate of Sta	tus &
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrat Division Clifton E 2661 Ex	ourier Address ion Section of Corporations building ecutive Center Circle see, FL 32301		

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is	:	
Mike Woodson, LLC		
(Must end with the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of the p	rincipal office of the Limited Liabili	ty Company is:
Principal Office Address:	Mailing Address:	
2300 Hidden Hammock Lane	2300 Hidden Hammock Lane	
Melbourne, FL 32934	Melbourne, FL 32934	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.)	stered Agent. You must designate an individual of	or another
The name and the Florida street address of the	registered agent are:	THE PROPERTY OF THE PROPERTY O
Michael Woodson Name		6
Name		710 ·
2300 Hidden Hammock Lane		F ST
Florida street ad	Idress (P.O. Box NOT acceptable)	
Melbourne,	FL 32934	N
City, S	tate, 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:	Name and Address:
"MGR" = Manager "MGRM" = Managing Men	mher
Wididwi — Wianaging Wich	moci
MGMR	Mike Woodson
	2300 Hidden Hammock Lane
	Melbourne, FL 32934
MGR	Nicholas Matarazzo
	3588 Egret Dr.
	Melbourne, FL 32901
	<u>~</u>
	<u> </u>
	مي تير
(Use attachment if necessar LEV: Effective date, if oth	ry) ner than the date of filing: (OPTIC
or 90 days after the date of REQUIRED SIGNATUR	
M.	englysas -
Signature	of a member or an authorized representative of a member.
(In accordance with constitutes an affire I am aware that any	of a member or an authorized representative of a member.  In section 608.408(3), Florida Statutes, the execution of this document mation under the penalties of perjury that the facts stated herein are true of false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.)
(In accordance with constitutes an affire I am aware that any	h section 608.408(3), Florida Statutes, the execution of this document mation under the penalties of perjury that the facts stated herein are true y false information submitted in a document to the Department of State

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)