# 4/3000/68759

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Special Instructions to Fi	iling Officer:	
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(850) 245-6051.

### **COVER LETTER**

TO:

Registration Section Division of Corporations

SUBJECT

# MIRAI SERVICES LLC.

Name of Limited Liability Company

The enclosed Articles of Organization and fec(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

EMIKO HIRAYAMA	
Name of Person	NOW 25
Firm/Company	7.14
2530 SE 22ND AVENUE	
Address	
CAPE CORAL, FL 33904	•
emikoh1014@hotmail.co.ip	

For further information concerning this matter, please call:

Richard	Mayus
---------	-------

.,239

E-mail address: (to be used for future annual report notification)

398-8400

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

□\$125.00 Filing Fee

□\$130.00 Filing Fee & Certificate of Status

□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)

■ \$160.00 Filing Fee, 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

MIRAI SERVICES LLC.	
(Must end with the words "Limited Liability Com	pany, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the principal	of the Limited Liability Company is:
Principal Office Address: Mai	iling Address:
	0 SE 22ND AVENUE PE CORAL, FL 33904
CAPE CORAL, FL 33904 CAP	PE CORAL, FL 33904
ARTICLE III - Registered Agent, Registered Offic (The Limited Liability Company cannot serve as its own Registered Agbusiness entity with an active Florida registration.)  The name and the Florida street address of the register	ent. You must designate an individual or another
LOUISE MAYUS Name	<del> </del>
Name	
2605 SE 21ST AVENUE	
Florida street address (P	O. Box NOT acceptable)
CAPE CORAL FL	33904
City, State, and	l 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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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:

MGRM	EMIKO HIRAYAMA	
WOTTH	2530 SE 22ND AVENUE	
	CAPE CORAL, FL 33904	
And the state of t		
		70 M 25
		( )
		en jan
(Use attachment if necessary)		
LE V: Effective date, if other than t	he date of filing:	(OPTIONAL)

# **REQUIRED SIGNATURE:**

Enuito Hivayamo.
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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

EMIKO HIRAYAMA

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)