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FILED SECRETARY OF STATE DIVISION OF CURPORATIONS

JUN 1 9 2015

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Mi Rim Enterprises, LLC. 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:
Kimberly Erdenberger Name of Person
Mikim Enterprises, LLC Firm/Company
6065 Silver Lake Dr Address
Palatka, FL 32177 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee,

Mailing Address

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Certificate of Status

Street Address

Certified Copy

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Certificate of Status & Certified Copy (additional copy) (Additional copy) (Additional Copy) (AHASSEE, FLORIDA Circle

SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Mikim Enterprises, LLC (Must end with the words "Limited Liability Company,"	"L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited L	iability Company is:
Principal Office Address:	Mailing Address:
6065 Silverlake Or 50 Palatka FL 32177	zme
ARTICLE III - Registered Agent, Registered Office, & Registered Agent (The Limited Liability Company cannot serve as its own Registered Agent. You another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: Kimberly Erdenberger Name	ou must designate an individual or
6065 5: Ver Lake Di Florida street address (P.O. Box NOT acc	
	32177
City State	Zip
Having been named as registered agent and to accept service of process for the a place designated in this certificate. I hereby accept the appointment as registered further agree to comply with the provisions of all statutes relating to the proper a am familiar with and accept the obligations of my position as registered agent as	l ugent and agree to act in this capacity. I und complete performance of my duties, and I

(CONTINUED)

Kemberly Edenbergn
Registered Agent's Signature (REQUIRED)

Page 1 of 2

SECRETARY OF STATE

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Title: "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager		
mar	Kimberly Erdenberger	
	la atka, FL 3217)	
_AMBR	Michael Frdenberger	
	6065 5. Iver Lake Dr.	
	Palatka, FL 32, T7	
		
		<u> </u>
(Use attachment if necessary)		
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