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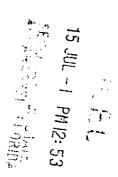
(Re	questor's Name)	
(Add	dress)	
	dress)	
(Ad	uiess <i>)</i>	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	





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COVER LETTER

	egistration Section ivision of Corporations		
SUBJECT	MIZ MAC		
SUBJECT		of Limited Liabil	ity Company
The enclos	sed Articles of Organization and fee	(s) are submitted	for filing.
Please retu	rn all correspondence concerning th	is matter to the	following:
	LEIGH ANDERSON		
		Name of	Person
	MIZ MAC		
		Firm/Co	mpany
	227 SOUTH 4TH STREET		
		Addr	ess
	FERNANDINA BEACH, FL 320)34	
	MIZMACPRODUCTS@GMAIL.0	City/State an	d Zip Code
-	 		innual report notification)
For further in	nformation concerning this matter, p	olease call:	
	LEIGH ANDERSON	904	607-1010
	Name of Person	Area Code	Daytime Telephone Number
Enclosed is	s a check for the following amount:		
\$125.00 Fi	_	s LLCertifi	10 Filing Fee & \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address		Street Address New Filing Spotian
	New Filing Section Division of Corporations		New Filing Section Division of Corporations
	P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

he name of the Limited I	Liability Company is:			34 · ·
MIZ MAC, LI	.c			t
(Mu	st end with the words "Limited Liabi	lity Company, "I	L.L.C.," or "LLC.")	3 49 43 413 413
ARTICLE II - Address:				4.5
he mailing address and s	treet address of the principal office of	f the Limited Lia	ability Company is:	_
<u>P</u>	rincipal Office Address:		Mailing Address:	
227 SOUTH 4	TH STREET	227 SO	UTH 4TH STREET	Ţ.
22/3001114	HIGIREE			
FERNANDIN ARTICLE III - Registere The Limited Liability Con	A BEACH, FL 32034 ed Agent, Registered Office, & Registered sits own Regist an active Florida registration.)	FERNA	ANDINA BEACH, FL 32034 Signature:	or
FERNANDIN RTICLE III - Registers The Limited Liability Connother business entity wi	A BEACH, FL 32034 ed Agent, Registered Office, & Registered sits own Registered Structure and R	FERNA sistered Agent's tered Agent. You	ANDINA BEACH, FL 32034 Signature:	or
FERNANDIN RTICLE III - Registers The Limited Liability Connother business entity wi	ed Agent, Registered Office, & Registered sits own Regist an active Florida registration.)	FERNA sistered Agent's tered Agent. You	ANDINA BEACH, FL 32034 Signature:	or
FERNANDIN RTICLE III - Registers The Limited Liability Connother business entity wi	ed Agent, Registered Office, & Registered sits own Regist than active Florida registration.) street address of the registered agent	FERNA sistered Agent's tered Agent. You are:	ANDINA BEACH, FL 32034 Signature:	or
FERNANDIN RTICLE III - Registers The Limited Liability Connother business entity wi	A BEACH, FL 32034 ed Agent, Registered Office, & Registered sits own Regist than active Florida registration.) street address of the registered agent LEIGH ANDERSON	ristered Agent's tered Agent. You are:	ANDINA BEACH, FL 32034 Signature:	or
FERNANDIN RTICLE III - Registers The Limited Liability Connother business entity wi	ed Agent, Registered Office, & Registered office, & Registered office, with an active Florida registration.) street address of the registered agent LEIGH ANDERSON Nam	ristered Agent's tered Agent. You are:	Signature: u must designate an individual of	or
FERNANDIN RTICLE III - Registers The Limited Liability Connother business entity wi	ed Agent, Registered Office, & Registered Office, & Registered agent (Section 2014) and active Florida registration.) Street address of the registered agent (LEIGH ANDERSON Name 227 SOUTH 4TH STREET Florida street address (P.O.)	ristered Agent's tered Agent. You are:	Signature: u must designate an individual of	or

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 605, F.S.

Registered Agent's Signature (REQUIRED

(CONTINUED)

Page 1 of 2

Title:		Name and Address:	
	Authorized Member		
"MGR" = M	anager	LEICH ANDEDCOM	. <u> </u>
AMBR		LEIGH ANDERSON 227 SOUTH 4TH STREET 5-	_ Ľ
		FERNANDINA BEACH, FL 32034	_ F
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EV: Effective date is of filing.) If the date insement's effective VI: Other p	ve date, if other than the listed, the date must rted in this block does ive date on the Depart	be specific and cannot be more than five business days prior to one of most meet the applicable statutory filing requirements, this date will	
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Page 2 of 2