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(F	Requestor's Name)	
(/	Address)	
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(1	Document Number)	
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SECRETARY OF STAT ALLAHASSEE, FLORI

17 JUN 22 PM 4:

COVER LETTER

	w Filing Section vision of Corporations		
SUBJECT:	MICKEY MONTHLY, LLC		
SUBJECT	Name of Limited Liability Company		
The enclose	ed Articles of Organization and fee(s	s) are submitted	for filing.
Please retur	n all correspondence concerning thi	s matter to the	following:
	Jason Taylor		
		Name of	Person
	Cyberspace CPA PLLC		
		Firm/Co	mpany
	8201 Peters Road Suite 1000		
		Addi	ress
	Plantation, FL 33324		
:	asontaylor.cpa@gmail.com	City/State ar	nd Zip Code
<u>1</u>		used for future	annual report notification)
For further in	oformation concerning this matter, p	lease call:	
	Jason Taylor	208	252-9694
-	Name of Person	Area Code	_) Daytime Telephone Number
Enclosed is	a check for the following amount:		
\$125.00 Fil	ling Fee \$130.00 Filing Fee & Certificate of Status	i LUCertif	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section		Street Address New Filing Section
	Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building
	Tallahassee, FL 32314		2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	17 JUN 22 PM 4: 46
MICKEY MONTHLY, LLC (Must contain the words "Limited Liab	GEORGIANY OF STATE
ARTICLE II - Address:	miny company. E.E.C., or EEC.)
The mailing address and street address of the principal office	e of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1714 HC H 27	Suma

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Suite 15

Clermont, FL 34714

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 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

	"AAADD" - Authorical Masshau	Name and Address:
	"AMBR" = Authorized Member	
	"MGR" = Manager MGR	Daniamin Rusah
	MOK	Benjamin Busch 422 Downing Circle
		Davenport, FL 33897
		Davenport, FL 33897
	AMBR	Janna Busch
		422 Downing Circle
		Davenport, FL 33897
		
		· · · · · · · · · · · · · · · · · · ·
	(Use attachment if necessary)	
ARTICI (If an ef	LEV: Effective date, if other than the fective date is listed, the date must	the date of filing: (OPTIONAL) the specific and cannot be more than five business days prior to or 90 days after
the date <u>Note:</u> l	of filing.) f the date inserted in this block doe iment's effective date on the Depar	es not meet the applicable statutory filing requirements, this date will not be listed as rement of State's records.
the date Note: I the docu	f the date inserted in this block doe	

Jason Taylor, CPA & Registered Agent

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)