## 117002222122

(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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10/26/17--01007--005 +125.00

m. Moon

## COVER LETTER

	ew Filing Section ivision of Corporations		
enn ner	MISIPO LLC		
SUBJECT	Name of I	Limited Liability Company	
The enclos	ed Articles of Organization and fee(s)	are submitted for filing.	
Please retu	rn all correspondence concerning this	matter to the following:	
	Robert Mills Smith		
		Name of Person	
			<del></del>
		Firm/Company	
	55 Magnolia Ridge		
		Address	
	Crawfordville, Florida 32327		
	robalo@embarqmail.com	City/State and Zip Code	
	E-mail address: (to be us	sed for future annual report notification)	
or further i	nformation concerning this matter, ple	rase call:	
	Robert Mills Smith	850 228-7892 ()	
	Name of Person	Area Code Daytime Telephone Number	_
Enclosed i	s a check for the following amount:		
\$125.00 F	iling Fee \$130.00 Filing Fee & Certificate of Status	Certified Copy — Certific (additional copy is enclosed) — Certific	Filing Fee, rate of Status & d Copy al copy is enclose
	Mailing Address  New Filing Section  Division of Corporations  P.O. Box 6327	Street Address  New Filing Section  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:		
MISIPO LLC_			
(Must conta	in the words "Limited I	.iability Company, "L.	L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street ad	dress of the principal of	fice of the Limited Lia	bility Company is:
Principa	Office Address:		Mailing Address:
55 Magnolia Ridge Crawfordville, Florid	a 32327	Same	
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	cannot serve as its own	Registered Agent, You	Signature: I must designate an individual or
The name and the Florida street a	ddress of the registered	agent are:	
	Robert Mills Smith		
		Name	
	55 Magnolia Ridge	<u></u>	
	Florida street address	(P.O. Box <u>NOT</u> acce	otable)
	Crawfordville	Florida	32327

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..

State

City

Registered Agent's Signature (REQUIRED)

Zip

(CONTINUED)

1-11-11-1

"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	Robert Mills Smith
<del></del>	55 Magnolia Ridge
	Crawfordville, Florida 32327
(Use attachment if necessary)	
EV: Effective date, if other than the dective date is listed, the date must be of filing.)	date of filing: N/A
EV: Effective date, if other than the dective date is listed, the date must be of filing.) The date inserted in this block does not be determined.	e specific and cannot be more than five business days prior to or 90 do ot meet the applicable statutory filing requirements, this date will not be
E.V: Effective date, if other than the dective date is listed, the date must be of filing.) The date inserted in this block does nament's effective date on the Department.	e specific and cannot be more than five business days prior to or 90 do ot meet the applicable statutory filing requirements, this date will not be
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E.V: Effective date, if other than the dective date is listed, the date must be of filing.)  The date inserted in this block does not ment's effective date on the Department. E.VI: Other provisions, if any.	e specific and cannot be more than five business days prior to or 90 days of meet the applicable statutory filing requirements, this date will not be sent of State's records.

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)