(Requestor's Name)				
(Address)				
(Address)				
(Ci	ty/State/Zip/Phon	e #)		
PICK-UP	Mait Wait	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificate	s of Status		
Special Instructions to Filing Officer:				
·				

Office Use Only



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COVER LETTER

TO: New Filing Section Division of Corporations				
SUBJECT: MGG an Manuel Floor Tay UCC 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:				
Mraan Janual @				
Name of	Person			
973 Ridwoodson RD				
Address				
tellalingen Chatala 32301				
City/State and Zip Code				
floorslay Morgan a Mga com				
E-mail address: (to be used for four annual report notification)				
For further information concerning this matter, please call:				
Morgan Manuel at (BUD) 345-3851				
OName of Person Area Code Daytime Telephone Number				
Enclosed is a check for the following amount:				
	00 Filing Fee & S160.00 Filing Fee, Great Copy Certificate of Status &			
	nal copy is enclosed) Certified Copy			
	(additional copy is enclosed)			
Mailing Address	Street Address			
New Filing Section	New Filing Section			
Division of Corporations	Division of Corporations Clifton Building			
P.O. Box 6327 Tallahassee, FL 32314	2661 Executive Center Circle			

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:			
The name of the Limited Liability	· Company is:		
	in the words "Limited Liability Compa	nuel Flo.	oring LCC
(Must conta	in the words "Limited Liability Compa	my, "L.L.C" or "LLC	
ARTICLE II - Address: The mailing address and street ad	ldress of the principal office of the Lim	ited Liability Company	vis:
	<u>) Office Address:</u>		g Address:
978 P.V.	chardeon RD	978	Richardson RD
32.7	301		
(The Limited Liability Company another business entity with an a	ent, Registered Office, & Registered cannot serve as its own Registered Agretive Florida registration.) address of the registered agent are: Mathew Morgae Name	ent. You must designat	e an individual or
	978 Richardson RD Florida street address (P.O. Box N	Tallahassee	<u>fl32301</u>
•	Tallahagnee Horid City State	0 3230	2/_
	City State	Zip	
place designated in this certificate further agree to comply with the pi	agent and to accept service of process f . I hereby accept the appointment as regrovisions of all statutes relating to the p bligations of my position as registered o	gistered agent and agre roper and complete per	e to act in this capacity. I formance of my duties, and l

LEogistered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
2178 JUN-8 FM 4: 03

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

Filing Fees:

Typed or prince name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)

TATE JUN -8 PH 4: 09