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### **COVER LETTER**

TO: New Filing Section Division of Corporations
SUBJECT: MICHLEY FIGURES, 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:
LESLEY A. GRAUPNER Name of Person
MICHLEY AGENCIES, LLC Firm/Company
625 PIGEON LN Address
City/State and Zip Code  /es/ey. graupner a gmail. com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
LESLEY GRAUPNER ( 407) 402 8449  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{\$\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{\$\$Certified Copy (additional copy is enclosed)} \$\$Certified Copy (additional copy is

# Mailing Address

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

# Street Address

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

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:		

MICHLEY AGENCIES, LLC.
(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

#### ARTICLE II - Address:

ARTICLE I - Name:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
625 PIGEON LN	625 PIGEON LY
LAKE MARY	LAKE MARY
FL, 32746	F1, 32746

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:

LESLEY A. GRAUPWER

Name

625 PIGEON LN

Florida street address (P.O. Box NOT acceptable)

LAKE MARY FL 32746
City State Zip

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. 1 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..

(CONTINUED)

AMBR" = Authorized Member  MGR" = Manager  JM G R  LESLEY A. GRAUPNER  LOSE PIGEON LAN  LAKE MARY FL 327L  We attachment if necessary)  V: Effective date, if other than the date of filing:  tive date is listed, the date must be specific and cannot be more than five business days prior to or 90 of filing.)  the date inserted in this block does not meet the applicable statutory filing requirements, this date will not lent's effective date on the Department of State's records.  VI: Other provisions, if any.  EQUIRED SIGNATURE:  Signature of a member or an authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes.
Use attachment if necessary)  V: Effective date, if other than the date of filing:
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I am aware that any false information submitted in a document to the Department of State
constitutes a third degree felony as provided for in s.817.155, F.S.
T .
LESLEY H. GRAUPHER
Typed or printed name of signee
Mari II C. 1 gen j
Filing Fees:
Mari II C. 1 gen j
Signature of a member of an authorized representative of a member.