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AL SHASSEE, FLORIDE

COVER LETTER ___

	ng Section of Corporations
SUBJECT:	Mike RANDYJIM, LLC Name of Limited Liability Company
The enclosed Ar	cles of Organization and fee(s) are submitted for filing.
Please return all	orrespondence concerning this matter to the following:
	Michael J. FRY
	Name of Person
	Firm/Company
	RIZ ISLE VERDE WAY
	Address
F	ALM BEACH GARDENS, FL 33418 City/State and Zip Code
<u></u>	City/State and Zip Code TAYFRY28@GMAIL.COM
	E-mail address: (to be used for future annual report notification)
For further inform	ation concerning this matter, please call:
M	Name of Person Area Code Daytime Telephone Number
	Name of Person Area Code Daytime Telephone Number
Enclosed is a ch	ck for the following amount:
\$125.00 Filing	S130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) S160.00 Filing Fee. Certified Copy (additional copy is enclosed)
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Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

$ARTICLES\,OF\,ORGANIZATION\,FOR\,FLORIDA\,LIMITED\,LIABILITY\,COMPANY$

y Company is:			
VE PAUNY To 1	60		
ain the words "Limited Liability C	Company, "L.L.C.," or "I	LC.")	
ddress of the principal office of the	e Limited Liability Com	pany is:	
al Office Address:	<u>Ma</u>	iling Address:	
JERDE WAY CHEARDENS FL 33418	212 ISLE Parm Bea	VERDE WAY Ch GAZDENS, 33418	
ent, Registered Office, & Register cannot serve as its own Registere active Florida registration.)	ered Agent's Signature d Agent. You must desig	: gnate an individual or	
address of the registered agent are Michael Name	J. Fr	7	
Florida street address (P.O. Bo	ox NOT acceptable)		
Palm Beach Su	PRDENS FL	33418	
City Sta	te Zip	 	
agent and to accept service of proc t, I hereby accept the appointment of provisions of all statutes relating to	ess for the above stated is as registered agent and a the proper and complete	limited liability company at t gree to act in this capacity. performance of my duties, a in Chapter 605, F.S.	1
Registered Ager	s Signature (REQUIR	ED)	
	ain the words "Limited Liability Conditions of the principal office of the al Office Address: Jerofe Way EH CARDENS FL 33418 ent, Registered Office, & Registered active Florida registration.) address of the registered agent are Michael Name 212 15Le Ver Florida street address (P.O. Bo Palm Beach Gr City Sta agent and to accept service of process of the propositions of all statutes relating to	ain the words "Limited Liability Company, "L.L.C.," or "Indeed display to the principal office of the Limited Liability Company all Office Address: PROF WAY	ain the words "Limited Liability Company, "L.L.C.," or "LLC.") ddress of the principal office of the Limited Liability Company is: al Office Address: Mailing Address: Mailing Address: Mailing Address: 212 ISLE VeroE Way Palm Beach Garoens, 33418 ent, Registered Office, & Registered Agent's Signature: cannot serve as its own Registered Agent. You must designate an individual or active Florida registration.)

Title:	shortened Marshar	Name and Address:	
"MGR" = Man	thorized Member ager	MINT FOR	
11161	<u> </u>	217 like Verde Way	
		Form BOACH GARDENS	FL 334
<u> </u>			_
			
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(Use attachmer	nt if necessary)		
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