

L19000008241

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

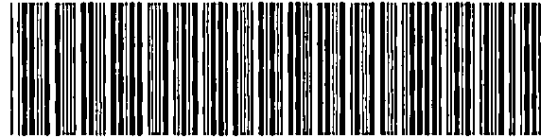
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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19 JAN -7 AM 5:30
U.S. DEPT. OF STATE
AMEMBASSY, FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Mike Randy Jim, 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:

Michael J. Fry
Name of Person

Firm/Company

212 ISLE VERDE WAY
Address

Palm Beach Gardens, FL 33418
City/State and Zip Code

MJAYFRY28@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Fry at (561) 452-0930
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

ARTICLE I - Name:

MIKE RANDY, Tim, LLC

ARTICLE II - Address:

Principal Office Address:

212 ISLE VERDE WAY
PALM BEACH GARDENS FL
33418

Mailing Address:

212 ISLE VERDE WAY
PALM BEACH GARDENS, FL
33418

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

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

Michael J. Fry

Name

212 Isle Verde Way

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

Palm Beach GARDENS FL 33418

City

State

Zip

Registered Agent's Signature (REQ

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Michael J. Fry
212 Isle Verde Way
Fort Palm Beach GARDENS FL 33418

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 1/3/19 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Michael J. Fry

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.
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.

Michael J. Fry

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)

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TALLAHASSEE, FL 32309