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(Requ	uestor's Name)	<u>.                                    </u>
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(City/	State/Zip/Phon	e #0
PICK-UP	WAIT	MAIL
(Busi	ness Entity Na	me)
(Doct	ument Number)	<u>.                                    </u>
Certified Copies	Certificate	s of Status
Special Instructions to Fi	ling Officer:	:
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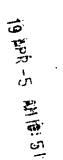




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## COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Mike Jones Con	Struction UC
Name of the	inted Hability Company
The enclosed Articles of Organization and fee(s) ar	e submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Mike Johns	
1/37 Walker	Springs RP
Minhatte ft	32344
	Address
Munticello / Fl Mike 850 Jones E E-mail address: (to be used	32344/
Mike 850 Juns 6	amillocom
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, pleas	e call:
mike loves at (	850 SS 9 / 3/4  Trea Code Daytime Telephone Number
Name of Person A	rea Code Dayante Felephone Number
Enclosed is a check for the following amount:	\
\$125.00 Filing Fee S130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & S160.00 Filing Fee. Certified Copy (additional copy is enclosed)  \$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	Street Address
New Filing Section Division of Corporations	New Filing Section Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle
· andiassect to paging	Taltahassee, FL 32301

Will on	will not reinstate Mile. 1645	Corstack
Document number L16 - 22	<u>39</u> 20	
And will file a new filing with the same	e name.	
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### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
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The name of the Limited Liability Company is:

### ARTICLE II - Address:

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

Principal Office Address:	<u>Mailing Address</u> :
1/37 walker Spines Rd	
Monti cello F1 32344	

### 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:

Mike Jones Name

1/37 was they spines & Ad Florida street address (P.O. Box NOT acceptable)

Monticello Fl 32344
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. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and l am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

# ARTICLE IV-

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

Title:	Name and Address:
"MGR" = Manager	MINC Sones 1131 Walker Spiras RA min Heollo, Fl 32344
(Use attachment if necessary)	
(If an effective date is listed, the date must be spe the date of filing.) <u>Note:</u> If the date inserted in this block does not m the document's effective date on the Department of	of filing:
ARTICLE VI: Other provisions, if any,	
This document is executed a massage that any false constitutes a third degree	nber or an authorized representative of a member, and in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.
Pare	Sones

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)