

L190000194098

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

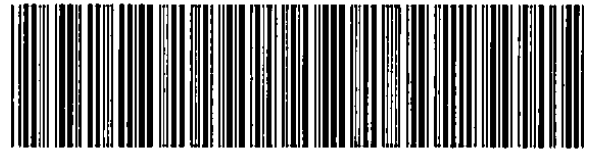
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2019 JUL 24 AM 9:17
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: Mike & Inga 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:

Adam Czaya, Esq.

Name of Person

Keith Taylor Law Group, P.A.

Firm/Company

P.O. Box 2016

Address

Lecanto, FL 34460

City/State and Zip Code

mike@csroofingfl.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Adam A. Czaya, Esq.

352

795-0404

at (_____) _____

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Mike & Inga LLC

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

ARTICLE II - Address:

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

Principal Office Address:

18704 W CR 328

DUNNELLON, FL 34432

Mailing Address:

P.O. BOX 730

DUNNELLON, FL 34432

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:

Keith R. Taylor, Esq.

Name

1143 North Lyle Ave.

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

Crystal River

Florida

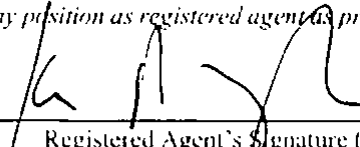
34429

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 I 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)

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TALLAHASSEE, FL

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

AMBR

CRYSTAL RIVER, FL 34428

CRYSTAL RIVER, FL 34428

REQUIRED SIGNATURE:

SIGNATURE: Michael Lunn

MICHAEL L. RUSS SR.

\$ 5.00 Certificate of Status (Optional)