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# TO: New Filing Section Division of Corporations

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Mike & Inga LLC SUBJECT:

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:

Enclosed is a check for the following amount:

\$125.00 Filing Fee

\$130.00 Filing Fee & Certificate of Status S155.00 Filing Fee & Certified Copy (additional copy is enclosed) S160.00 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 Tallabassee, FL 32301

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## **ARTICLE 1 - 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:	Mailing Address:
18704 W CR 328	P.O. BOX 730
DUNNELLON, FL 34432	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 **m**y duties, and l am familiar with and accept the obligations of my polsition as registered agen fas 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:

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	MICHAEL L. RUSS SR.
	6703 N, MYAKA AVE.
	CRYSTAL RIVER, FL 34428
AMBR	INGA RUSS
	6703 N. MYAKA AVE.
	CRYSTAL RIVER. FL 34428
<u></u>	
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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_\_\_. (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.)

<u>Note:</u> 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.

an **k**ara sa

REOUIREI	SIGNATURE: Mult Sun
	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 L. RUSS SR.
	Typed or printed name of signed

- \$ 30.00 Certified Copy (Optional)
- 5 5.00 Certificate of Status (Optional)