L21000478024

| Michel, Edson (Requestor's Name) |
|---|
| (Requestors Name) 5160 FILMURE Place |
| (Address) Sanford FL 32773 |
| (Address) SanFord FL 32773 (City/State/Zip/Phone #) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| Michels legal group LLC (Business Entity Name) |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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10/14/21--01019--005 **120.00

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED HABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is: | |
|--|---|
| MICHELS LEGAL GROUP (Must contain the words "Limited Liability C | ompany, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: The mailing address and street address of the principal office of the | e Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| Michels Legal Group 5160 Filmore Place Sanford , Florida 32773 | Michels Legal Group 5160 Filmore Place Sanford, Florida 32773 |
| ARTICLE III - Registered Agent, Registered Office, & Register (The Limited Liability Company cannot serve as its own Registere another business entity with an active Florida registration.) | ered Agent's Signature: d Agent. You must designate an individual or |
| The name and the Florida street address of the registered agent are Ω | |

5160 Filmore Place
Florida street address (P.O. Box NOT acceptable) Sandford FL 32773
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)

ARTICLE IV-

| ARTICLE IV- The name and address of each person authorized to manage and control the Limited Liability Compar |
|---|
|---|

| Title: "AMBR" = Authorized Member | Name and Address: | | |
|--|--|--------------|----------|
| "MGR" = Manager | | | |
| Elani Michel, AMBR | 5160 Filmore Place Sanford, Florida 32773 | | |
| | | | • |
| Edson Michel, MGR | 5160 Filmore Place Sanford, Florida 32773 | | |
| Xavier Michel | 5160 Filmore Place | | |
| -vayler wheney | Sanford, Florida 32773 | | - |
| | | | - |
| | | | - |
| (Use attachment if necessary) | | | |
| | date of filing: (OPTION | NAL) | |
| e | oe specific and cannot be more than five business days pri | or to or 90 | days |
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| of filing.) | not meet the applicable statutory filing requirements, this d | ate will not | t be lis |
| f the date inserted in this block does | not filed the applicante standary thing require | | |
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| E VI: Other provisions, if any. | Them of state a resorted | | |
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| REQUIRED SIGNATURE: | a member of an authorized representative of a member. | a statutes. | |
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