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DATE: 1/24/22

NAME:

MIKE'S ALL SERVICES LLC

TYPE OF FILING: ARTICLES

COST:

125.00

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ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabi	ility Company is:			
Mike's All Service	s LLC			
(Must en	d with the words "Limited	d Liability Comp	any, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street	address of the principal of	office of the Limi	ted Liability Company is:	
<u>Princ</u>	ipal Office Address:		Mailing Addres	<u>ss</u> :
3195 North 36th A	venue	3	195 North 36th Avenue	
Hollywood FL 330			follywood FL 33021	
The name and the Florida stree	MICHAEL FRIEDN  3195 North 36th Av Florida street addres	MAN Name	T acceptable)	
	Hollywood	FL	33021	
	City	State	Zip	
Having been named as registere place designated in this certifica further agree to comply with the am familiar with and accept the	te, I hereby accept the app provisions of all statutes r obligations of my position	oointment as regis relating to the pro as registered ago M. Friedma	stered agent and agree to act in per and complete performance ent as provided for in Chapter 6	this capacity. I of my duties, and
		(CONTINUE	D)	<i>\</i> ∂

2022 JAN 24 PM 3: 32
SECRETARIAS SEE FILE
TALLAHAS SEE FILE

		Name and Address:
AMBR'' = A	Authorized Member	
MGR = M	anager	
MGR		MICHAEL FRIEDMAN
	<u> </u>	3195 North 36th Avenue
		Hollywood FL 33021
		<u> </u>
		<del></del>
LEV: Effectiv	ent if necessary) re date, if other than the date of f	illing: (OPTIONAL)
CLE V: Effective flective date is e of filing.) If the date insertument's effective	re date, if other than the date of f listed, the date must be specifi	ic and cannot be more than five business days prior to or 90 days a the applicable statutory filing requirements, this date will not be listed
TLE V: Effective flective date is e of filing.) If the date insertument's effective the content of the property of the propert	re date, if other than the date of I listed, the date must be specificated in this block does not meet we date on the Department of S	ic and cannot be more than five business days prior to or 90 days a the applicable statutory filing requirements, this date will not be listed tate's records.
CLE V: Effective flective date is e of filing.) If the date insertument's effection of the content of the flection of the flec	re date, if other than the date of I listed, the date must be specific rted in this block does not meet we date on the Department of Strovisions, if any.	ic and cannot be more than five business days prior to or 90 days a the applicable statutory filing requirements, this date will not be listed tate's records.
TLE V: Effective flective date is e of filing.) If the date insertument's effective the content of the property of the propert	re date, if other than the date of I listed, the date must be specificated in this block does not meet we date on the Department of Strovisions, if any.  SIGNATURE:  Signature of a memb This document is executed if I am aware that any false inf	ic and cannot be more than five business days prior to or 90 days a the applicable statutory filing requirements, this date will not be listed tate's records.
CLE V: Effective flective date is e of filing.) If the date insertument's effection of the content of the flection of the flec	re date, if other than the date of I listed, the date must be specificated in this block does not meet we date on the Department of Strovisions, if any.  Signature of a memb This document is executed it I am aware that any false inficonstitutes a third degree fel	At. Friedman  er or an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida Statutes. formation submitted in a document to the Department of State ony as provided for in s.817.155, F.S.
CLE V: Effective date is e of filing.) If the date insertument's effection	re date, if other than the date of I listed, the date must be specificated in this block does not meet we date on the Department of Strovisions, if any.  Signature of a memb This document is executed it I am aware that any false inficonstitutes a third degree fel	At. Friedman  er or an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida Statutes. formation submitted in a document to the Department of State ony as provided for in s.817.155, F.S.

ARTICLE IV-

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