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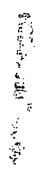
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COVER LETTER ...

TO: New Filing Section
Division of Corporations

SUBJECT: Mike & TIS Remodel 15 DECL (C

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mike Thomas Name of Person
Mille Tir Remodelia LCC
325 North 13th Street
Quag F1 32351
IHZELLIS Sity/State and Zip Code  E-mail address: (to be used for future annual report notification)  E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

at	()	
Name of Person	Area Code	Daytime Telephone Number

Enclosed is a check for the following amount:

25130.00 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Mile Tis Remodeling 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:
325 North 13th Street	P.O. Box 978
Duna To. 3735/	Gregor, Fla 32-332

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:

Michael A. Thomas, Ir

Name

325 North 13th Street

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

Quircy Fla 32351

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 py position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Michael Al Thumps.).c.
mbr	michael A Thung of Pun F1 32351
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the dat (If an effective date is listed, the date must be s) the date of filing.)	meet the applicable statutory filing requirements, this date will not be listed as
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
This document is executed any false.	nember or an authorized representative of a member. uted in accordance with section 605.0203 (1) (b), Florida Statutes, se information submitted in a document to the Department of State see felony as provided for in s.817.155, F.S.
prehae	Typed or printed name of signee

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

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)