

W04000067732

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

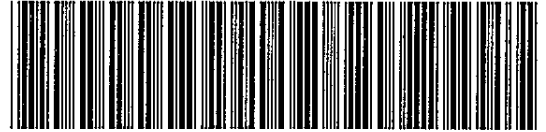
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500041162375

09/22/04--01015--002 **125.00

04 SEP 22 PM 1:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

W04-67732
R

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Intheloop Consultants 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:

William B. Muckler
(Name of Person)

Intheloop Consultants LLC
(Firm/Company)

752 Dewdrop Loop
(Address)

Jacksonville, FL 32259-4811
(City/State and Zip Code)

For further information concerning this matter, please call:

William B. Muckler at (904) 230-2046
(Name of Person) (Area Code & Daytime Telephone Number)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 SEP 22 PM 1:50

FILED

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

Intheloop Consultants LLC

ARTICLE II - Address:

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

Principal Office Address:

Intheloop Consultants LLC

752 Dewdrop Loop

Jacksonville, FL 32259-4811

Mailing Address:

Intheloop Consultants LLC

752 Dewdrop Loop

Jacksonville, FL 32259-4811

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

William B. Muckler

Name

752 Dewdrop Loop

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

Jacksonville, FL 32259-4811

FLORIDA

City, State, and 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 608, Florida Statutes..

William B. Muckler

Registered Agent's Signature

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 SEP 22 PM 1:00

FILED

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

William B. Muckler

752 Dewdrop Loop

Jacksonville, FL 32259-4811

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

William B. Muckler

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

William B. Muckler

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 SEP 22 PM 1:50

FILED

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)