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Florida Department of State  
 Division of Corporations  
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**To:**  
 Division of Corporations  
 Fax Number : (850)205-0383

**From:**  
 Account Name : HUBCO  
 Account Number : 104662003400  
 Phone : (516)935-3940  
 Fax Number : (516)935-3088

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**LIMITED LIABILITY COMPANY**

**Michael's Miter Box LLC**

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

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ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **Michael's Miter Box 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:

3437 Orlando Road

3437 Orlando Road

Panama City, FL 32405

Panama City, FL 32405

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

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

**Bonnie Pumphery**

Name

**3409 W. 19th Street**

(P.O. Box or Mail Drop Box NOT Acceptable)

**Panama City, FL 32405**

(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 608, F.S.*

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STATE OF FLORIDA



Registered Agent's Signature - Bonnie Pumphery

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:**

MGRM

Michael E. Pumphery- 3427 Orlando Road, Panama City, FL 32405

MGRM

Bonnie L. Pumphery- 3427 Orlando Road, Panama City, FL 32405

(Use attachment if necessary)

**REQUIRED SIGNATURE:**

Michael E. Pumphery  
Signature of a member or 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.)

Michael E. Pumphery

Typed or printed name of signee

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STATE OF FLORIDA  
DIVISION OF COURT SERVICES