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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Enchanted Antiques & Estate Sales, UC Name of Limited Diability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
TELLEY A. MULIA Name of Person
Enchanted Antignes & Estate Sales, LLC
8022 Naranja Drive W. Address
Jacksonville FL 32217 City/State and Zip Code
Enchanted antique Chell South. NET E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Kelley A. Mulin at (904) 742-0332 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street/Counier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - N:une: The name of the Limited Liability Company is:			
Enchanted Antiques & Estate Sales, (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")	LC	ر	
ARTICLE II - Ackliess: The mailing address and street address of the principal office of the Limited Liability Company is:			
Principal Office Address: Mailing Address:			
8022 Navanja Dr. W. 8022 Navanja Dr. Jacksonville, Fr. 32217 Jacksonville, Fr. 32217	W. 20017	İ	
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 in another business entity with an active Florida registration.)	ıdividual	or	
The name and the Florida street address of the registered agent are:			
Florida street address (P.O. Box NOT acceptable)			
City FL 3221/			
Having been named as registered agent and to accept service of process for the above stated limited the place designated in this certificate, I hereby accept the appointment as registered agent and ag capacity. I further agree to comply with the provisions of all statutes relating to the proper and comply duties, and I am familiar with and accept the obligations of my position as registered agent a Chapter 605, F.S Registered Agent's (Signature (REQUIRED)	ree to act plete perf	t in thi: Corman	s ice
(CONTINUED)	SECRET	14 加	
Page 1 of 2		7	

<u> [itle:</u> "AMBR" = Authorized Me	Name and Address:
"MGR" = Manager	KELIGYA-Mulin 8022 Naranja Dr. W.
AMBR	Madonna M. Mullin 479 Tivoli Drive Saint Johns, Fr 32259
Use attachment if necessar	·)
V: Effective date, if other ctive date is listed, the dat	than the date of filing:
EV: Effective date, if other ctive date is listed, the dat f filing.)	than the date of filing: (OPTIONAL) must be specific and cannot be more than five business days prior to or 90
V: Effective date, if other ctive date is listed, the dat filing.)	than the date of filing: (OPTIONAL) must be specific and cannot be more than five business days prior to or 90
V: Effective date, if other citive date is listed, the dat filing.)	than the date of filing:
EV: Effective date, if other citive date is listed, the dat filling.) EVI: Other provisions, if an	than the date of filing:
Filing.) E VI: Other provisions, if an EVI: Other provisions, if an EVI: Other provisions, if an Signa (In accordance constitutes an I am aware tha	than the date of filing:

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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