

L040000000610

(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



900025676439

12/23/03--01049--005 \*\*130.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 DEC 23 AM 10:22

**TRANSMITTAL LETTER**

TO: Registration Section  
Division of Corporation

SUBJECT: ANTHONY E. MULL CABINETRY, 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:

ANTHONY E. MULL  
(Name of Person)

ANTHONY E. MULL CABINETRY, LLC  
(Firm/Company)

5687 DON MANUEL ROAD  
(Address)

ELKTON, FL 32033  
(City/State and Zip Code)

For further information concerning this matter, please call:

David M. Andrews, Esquire at (904) 826-1987  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 DEC 23 AM 10:22

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**ANTHONY E. MULL CABINETRY, 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:**

**5687 DON MANUEL ROAD**

**56 87 DON MANUEL ROAD**

**ELKTON, FL 32033**

**ELKTON, FL 32033**

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

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

**ANTHONY E. MULL**

Name

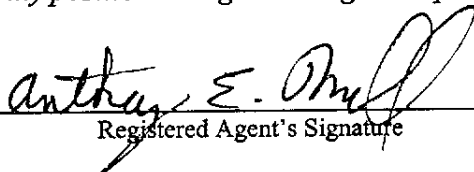
**5687 DON MANUEL ROAD**

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

**ELKTON, FL 32033**

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, F.S.*

  
\_\_\_\_\_  
Registered Agent's Signature

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
DEC 23 AM 10:22

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

“MGRM” = Managing Member

**Name and Address:**

MGRM

ANTHONY E. MULL

5687 DON MANUEL ROAD

ELKTON, FL 32033

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

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.)

**ANTHONY E. MULL**

Typed or printed name of signee

**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)**