From the Desk of Harold R Muxlow

6704 Kenwood Dr 1 th P 342-7 1 423-9 1 941-42 1225 e-inan—accompL2@yanoo.com

May 15, 2000

To: Florida Dep't of State

From: Harold R Muxlow

Re: Articles of Organization for Florida LLC

Dear Sirs,

70003-003 -05/26/00--01003-003 -05/26/00--01003-FILED -05/26/00--01003-FILED *****125.00 *****125.00 *****125.00 *****125.00 *****125.00 *****125.00

I hope I have done this right and have sent the correct fees. Please advise if incorrect. Do you have any information on requirements of an LLC you could send me? For example, is there a title that is used in an LLC for an individual?

Sincerely Yours,

Harold R Muxlow

N. P. Verdyer



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

May 31, 2000

HAROLD R MUXLOW 6704 KENWOOD DRIVE NORTH PORT, FL 34287

SUBJECT: HAROLD R. MUXLOW Ref. Number: W00000013859

SECRETARY OF STATE AHASSEE, FLORIDA

We have received your document for HAROLD R. MUXLOW and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "L.C." or "L.L.C."

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6020.

Tammi Cline Document Specialist

Letter Number: 300A00030667

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is: HAROLO R. MUXLOW, L.L.C.
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: 6704 KENWOOD OR NORTH PORT, FL 34287
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are: HAROLO R. MUXLOW STR. The street address (P.O. Box NOT acceptable) NoRTh PoRT FL 34287 The street address (P.O. Box NOT acceptable) NoRTh PoRT FL 34287 The street address (P.O. Box NOT acceptable) The street a
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
Article IV - Management (Check box if applicable.) The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.
(An additional article must be added if an effective date is requested) 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.)
HAROLD R. MUXLOW-89 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)