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IRS & STATE PROBLEM RESOLUTION -VETERAN IRS AGENTS & TAX PROFESSIONALS -WORLD WIDE WEB WWW.JKHARRIS.COM

June 20, 2000

Honorable Sandy B. Mortham Secretary of State Capitol Plaza Level, Room 2 Tallahassee, FL 32399

RE: MUTTS MOVING, LLC

Dear Honorable Sandy Mortham:

900003302319--4 -06/23/00--01018--004 \*\*\*\*125,00

Enclosed for filing, please find an original and one (1) copy of the Articles of Organization, and Certificate of Designation of Registered Agent/Registration Office, in reference to the above-captioned matter. Also enclosed, is a check in the amount of \$125.00 to cover the filing fees of the Articles.

Please return the stamped copy back to me in the envelope provided.

If you have any questions, please call me at the above number, Ext. 201.

Thank you,

Sandra Anderson

Availability (0-)

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### **ARTICLE 1-NAME**

The name of the Limited Liability Company is:

MUTTS MOVING, LLC

#### **ARTICLE 11-ADDRESS**

2217 FLAG STREET #9 JACKSONVILLE, FLORIDA 32209

ARTICLES 111-REGISTERED AGENT, REGISTERED OFFICE & REGISTERED A

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

GWENDOLYN B. DOUGLAS 2217 FLAG STREET #9 JACKSONVILLE, FLORIDA 32209

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

## 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 regresentative of a member

(In accordance with section 708,408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

GWENDOLYN B. DOUGLAS
Typed or printed name of signee

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608, 415 OR 608,507 FLORIDA STATUES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA

1	The name of the limited liability company is:
	MUTTS MOVING, LLC
2	The name and address of the registered agent and office is:
	GWENDOLYN B. DOUGLAS
	Name
	2217 FLAG STREET #9
	P.O. Box or Mail Drop NOT Acceptable
	JACKSONVILLE, FLORIDA 32209
	City/State/Zip

Having been named as registered agent and to accept service or 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.

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CRETARY OF STATE
MANASSEE FLORING