

L02000030920

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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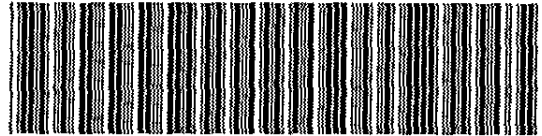
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Hugh J. Morgan  
James T. Hendrick  
Karen K. Cabanas  
Robert Cintron, Jr.

LAW OFFICES  
**MORGAN & HENDRICK**

317 WHITEHEAD STREET  
KEY WEST, FLORIDA 33040  
TELEPHONE 305.296.5676  
FACSIMILE 305.296.4331

W. Curry Harris  
(1907-1988)  
Hilary U. Albury  
(1920-1999)

November 14, 2002

Registration Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314

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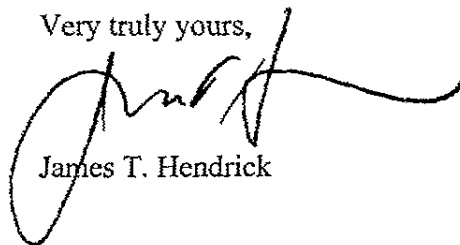
RE: New Filing - Articles of Organization - Mulligan, LLC

Dear Sir or Madam:

Enclosed for filing, please find ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY for Mulligan, LLC. Also enclosed is a check in the amount of \$125.00 representing the required filing fee.

Thank you for your assistance in this matter, and if you have any questions, please do not hesitate to contact me.

Very truly yours,



James T. Hendrick

JTH:sv  
enclosure

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is: MULLIGAN, LLC

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Street: 317 Whitehead Street, Key West, Florida 33040

Mailing: P.O. Box 1117, Key West, Florida 33040

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

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

James T. Hendrick

Name

317 Whitehead Street

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

Key West FL 33040

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

(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.)

James T. Hendrick

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)

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