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Certified Copies	_ Certificates	of Status
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TRANSMITTAL LETTER

FILED

03 AUG -7 PM 3:.

Division of Corporations	E.
SUBJECT: MOLLEN HOLDING CON	npany, LLC pility Company)
The enclosed Articles of Organization and fee(s) are	
Please return all correspondence concerning this ma	atter to the following:
(Name of Person)	······································
(Firm/Company)	
486 BiG TREE Rd. (Address)	
(Address)	
PONTE VEURA, FL 32082 (City/State and Zip Code)	
(City/State and Zip Code)	
For further information concerning this matter, plea	se call:
(Name of Person) at (9	Area Code & Daytime Telephone Number)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY.

ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address:	ARTICLE I - Name: The name of the Limited Liability Company is: MOLLEN HOLDING COMPANY, LET 3: 35 IALLAHASSEE, FLORIDA					
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are: MATTHEW DATE DE Florida street address (P.O. Box NOT acceptable) Name USS SIGNATURE TO Florida street address (P.O. Box NOT acceptable) 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.	ARTICLE II - Address:					
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are: MATTHEW DATMEN Name USS SIGNED Florida street address (P.O. Box NOT acceptable) DONTE VENDY FL 32082 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.	Principal Office Address: Mailing Address:					
The name and the Florida street address of the registered agent are: MATTHEW D. PAUMEN Name USK LIG TILL TILL Florida street address (P.O. Box NOT acceptable) DATE VELVA FL 32082 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	PONTE VESONS. FL 32082 PONTE VEGONA, FL 32082					
Name USS BIG Tree TLB Florida street address (P.O. Box NOT acceptable) Nontever FL 32082 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	ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:					
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Florida street address (P.O. Box NOT acceptable) DONTE VEWW FL 32082 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	MATTHEW J. PAUMEN					
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Registered Agent's Signature	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					
	Registered Agent's Signature					

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: FILED				
Title: "MGR" = Manager	Name and Address:	03 AUG -7	PM 3: 35	
"MGRM" = Managing Member	-	MILAHASSE	STATE	
Man	MATTHEW J. PAUM	ien	t, H.ORIDA	
	488 Bilo Tree 2			
	Poure verza, EL	32082		
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(Use attachment if necessary)				
NOTE: An additional article must be a	dded if an effective date is reque	sted.		
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.)

MATTHEW T- PHOMEN

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)