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(Address)

(Address)

(City/State/Zip/Phone #)

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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

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DIVISION OF CORPORATIONS

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.

Anthony E. Mull
Registered Agent's Signature

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Article IV - Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager "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:

Anthony E. Mull

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)

FILED
03 DEC 23 AM 10: 22
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DIVISION OF CORPORATIONS