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SECIPLIARY OF STATE

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TRANSMITTAL LETTER

TO:	Registration Section Division of Corporations					
SUBJI	CCT: PHILLIP	MUL DOON (Name of Limited Liabil	LLC ity Company)			
The en	closed Articles of Organization	on and fee(s) are submitte	d for filing.			
		-	perning this matter to the following:			
	PHILLI	MULDOOI (Name of) Person)			
	-		resony			
	PHIMIP	MULDOON LA (Firm/Co	mpany)			
	1915 - 3	7 14 STD657	· \4/			
	<u> </u>	8 <i>TH STREET</i> (Addr	ess)			
-	BRADEWTO	W FL 34 (City/State an	گ و رخ d Zip Code)	<u></u> .		
For fur	ther information concerning t	his matter, please call:				
PH	(Name of Person)	at (941 <u>748 - 60 78</u> Area Code & Daytime Telephone Number)	- ≨ ∽	9	
	(Name of Person)		Area Code & Daytime Telephone Number)	LCHETARY OF STATE LLAHASSEE, FLORIDA	04 JAN -5 AM 9:31	
	STREET ADDRESS: Registration Section Division of Corporatio 409 E. Gaines Street Tallahassee, Florida 32	ns	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
PHILLIP MULTOON, LIC	
ARTICLE II - Address: The mailing address and street address of the princi	pal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1915 - 38TH STREET, W.	1915 - 38TH STREET, W
BRADENTON, FL 34205	BRADENTON, Pt. 34205
ARTICLE III - Registered Agent, Registered Off The name and the Florida street address of the regis PHILLIP MULPOO Name 1915-387H S7RA Florida street address (P.O. Box BRADENTON)	Stered agent are: JAN -5 AN 9: 3 AHASSEE, FLORIDE FLED

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, Florida Statutes..

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

Title: "MGR" = Manager "MGRM" = Managing Member MCRM PHITIP MULPOON 1915-38 TH STREET (TORNOW) PL 34 PO (Use attachment if necessary) NOTE: An additional article must be added if an effective date is requested. REQUIRED SIGNATURE:

ARTICLE IV- Manager(s) or Managing Member(s):

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)

\$ 160.00

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

Typed or printed name of signee

that the facts stated herein are true.)