

Electronic Filing Cover Sheet

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(((H040000669113)))

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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name

: EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 Phone

: (305)444-4994

Fax Number

: (305)444-4977

LIMITED LIABILITY COMPANY

MUTINY 303, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing

Public Access H

https://efile.sunbiz.org/scripts/efilcovr.exe

Division of Corporations

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Florida Department of State

Division of Corporations Public Access System

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Public Access Help

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ARTICLES OF ORGANIZATION FOR PLORIDALIMITED LIABILITY COMPANY

MUTINY 303, LI	بد	
ARTICLE II -		he principal office of the Limited Liability Company is
Principal Offi	ce Address:	Mailing Address:
2151 Le Jeune F	Rd., Mezzanine	*AIMB
Coral Gables, Fl	L 33134	,
	- Registered Agent, Regist the Florida street address of	tered Office, & Registered Agent's Signature: the registered agent are:
	Michael P. Gennett, Esq.	
	8	łame
	2151 Le Jeune Rd., Mezz	zanine
	2151 Le Jeune Rd., Mezz	
	2161 Le Jeune Rd., Mezz Florida street address	zanine s (P.O. Box <u>NOT</u> acceptable)
	2161 Le Jeune Rd., Mezz Florida street address	zanine s (P.O. Box NOT soceptable)
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my at the place de act in this capac	2161 Le Jeune Rd., Mezz Florida street addres Carel Gables City, St registered agent and to accept esignated in this dertificate, I	tanine s (P.O. Box NOT acceptable) FLORIDA 33124 tate, and Zip It service of process for the above stated limited liability, hereby accept the appointment as registered agent and youth the provisions of all statutes relating to the proper-
my at the place de o act in this capac implete performal	2161 Le Jeune Rd., Mezz Florida street addres City, St registetted agent and to accept esignated in this dertificate, I hity. I further agree to comply not of my duties, and I am far	tate, and Zip Is service of process for the above stated limited liability, hereby accept the appointment as registered agent and with the provisions of all statutes relating to the propernillar with and accept the obligations of my position as
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ECFS

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

AUE: "MGR" = Manager "MGRM" = Managing Mcmber	Taking and Address:
MGRM	J. Everett Wilson
	2151 LeJeuno Rd., Mezzanine
	Corel Gables, FL 33134
(Use attachment if necessary)	
NOTE: As additional article mus	t be added it an effective date is requested.
Signature of a member of	an authorized representative of a member.
(in accordance with section of this document constitutes that the facts stated heroin a	608.408(3), Florida Statutes, the execution an affirmation under the penalties of perjuty re true.)
J. Everett Wilson Typed o	or printed name of signee

Filing Form
\$120,00 Filing Fee for Articles of Organization
\$ 25,00 Designation of Registered Agent
\$ 30,00 Certified Copy (Optional)
\$ 5,00 Certificate of Status (Optional)