

LU4000077589

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

904700067755

Office Use Only



700040350707

BK

RECEIVED
U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D.C. 20535

04 OCT 26 11:12:46

RECEIVED

RECEIVED
U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D.C. 20535

04 OCT 26 AM 7:52

RECEIVED



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 942884 7459042

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE : October 26, 2004

ORDER TIME : 12:01 PM

ORDER NO. : 942884-005

CUSTOMER NO: 7459042

CUSTOMER: Leatha D. Mullins, Esq.
Leatha D. Mullins, Attorney
At Law
102 North Second Street

Fort Pierce, FL 34950

DOMESTIC FILING

NAME: LEATHA D. MULLINS, P.L.

EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Justin Cheshire - EXT. 2909

EXAMINER'S INITIALS: _____

Patricia
OCT 26 AM 7:52
FILED
STATE
FORT PIERCE, FLORIDA

ARTICLES OF ORGANIZATION
FOR
LEATHA D. MULLINS, P.L.

A Florida Professional Limited Liability Company.

ARTICLE I
NAME

The name of the Professional Limited Liability Company is:

"LEATHA D. MULLINS, P.L."

ARTICLE II
ADDRESS

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

102 North 2nd Street
Ft. Pierce, Florida 34950

ARTICLE III
PURPOSE

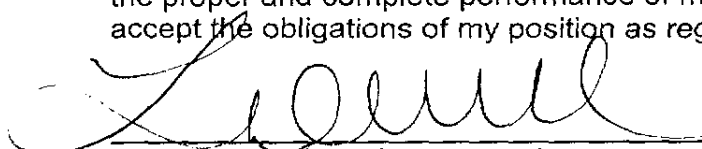
Operation of a law practice.

ARTICLE IV
REGISTERED AGENT/ ADDRESS

The name and address of the registered agent is:

Leatha D. Mullins
102 North 2nd Street
Ft. Pierce, Florida 34950

Having been named as registered agent and to accept service of process for the above stated corporation 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.


Leatha D. Mullins, Registered Agent

10-25-04
Date

FILED
04 OCT 26 AM 11:52
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

ARTICLE V
Member

The Professional Limited Liability Company is to be managed by the members and the name and address of the sole member is:

Leatha D. Mullins
102 North 2nd Street
Ft. Pierce, Florida 34950


ARTICLE VI
Additional Members

Additional members may be admitted to the Professional Limited Liability Company upon the written consent of each of the members.

ARTICLE VII
Continuation of Business

Upon the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the Professional Limited Liability Company, all of the remaining members may consent to continue the business.

Dated: 10-25-04


LEATHA D. MULLINS