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' TRANSMITTAL LETTER

	Registration Sec Division of Cor						
SUBJEC	T: Tom Muse	champ REI LLC					
		(Name of Limite	d Liability Comp	oany)			
The enclo	sed Articles of	Organization and fee(s) are s	submitted for filir	ng.			
Please ret	urn all correspo	ondence concerning this matte	er to the followin	g:			
	Thomas I	Muschamp					
		(	Name of Person)				
Tom M	usebama DEI	11.0					
i om ivi	uschamp REI		(Firm/Company)		·	<del></del>	
	1177-5 Park	Avenue South					
			(Address)				
	Orang	e Park, FL 32073	<u> </u>		<del>. , , , , , , , , , , , , , , , , , , ,</del>		
		(City	/State and Zip Cod	le)			
For furthe	r information o	concerning this matter, please	call:			4	_
Thomas	Muschamp		at ( 904	737-3340		IVITALIVA SECTENI OH DEC -	í J
	(Name	of Person)		de & Daytime Te	lephone Number)		Ţ
Enclosed	is a check fo	r the following amount:				SSEC. A	3
<b>5</b> \$125.0	0 Filing Fee	□ \$130.00 Filing Fee & Certificate of Status	S155.00 I Certified Cop (additional copy	ру	\$160.00 Fi Certificate of Certified Cop (additional copy	ling Fee, ros Status &	_
		ET ADDRESS: ration Section		MAILING Al Registration Se			
	Divisio	on of Corporations Gaines Street		Division of Co P.O. Box 6327	orporations		

Tallahassee, Florida 32314

Tallahassee, Florida 32399

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Con	npany is:	
Tom Muschamp REI LLC		
ARTICLE II - Address: The mailing address and street address	of the principal office of the Limited Lia	ability Company is:
Principal Office Address:	Mailing Address:	
1177-5 Park Avenue South	1177-5 Park Avenue South	
Orange Park, FL 32073	Orange Park, FL 32073	
ARTICLE III - Registered Agent, R	egistered Office, & Registered Agent's	Signature:
The name and the Florida street addres	s of the registered agent are:	
	-	
Thomas L. Muscham	Name	
1177-5 Park Avenue	South	
	a street address (P.O. Box NOT acceptable)	
Orange Park, FL 32	073	
	ity, State, and Zip	
Having been named as registered ager liability company at the place desig registered agent and agree to act in thi statutes relating to the proper and co accept the obligations of my position	nt and to accept service of process for the c nated in this certificate, I hereby accept th is capacity. I further agree to comply with mplete performance of my duties, and I am on as registered agent as provided for in C	e appointment as the provisions of all a familiar with and
Thomas Muscham		
Register	red Agent's Signature	무리 은

(CONTINUED)

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

The name and address of each Manager or Managing Member is as follows:

(Use attachment if necessary)  NOTE: An additional article must be adder  REQUIRED SIGNATURE:	ne and Address:
(Use attachment if necessary)  NOTE: An additional article must be adder  REQUIRED SIGNATURE:	
(Use attachment if necessary)  NOTE: An additional article must be added  REQUIRED SIGNATURE:	mas L. Muschamp
(Use attachment if necessary)  NOTE: An additional article must be added  REQUIRED SIGNATURE:	7-5 Park Avenue South
NOTE: An additional article must be adder REQUIRED SIGNATURE:	nge Park, FL 32073
NOTE: An additional article must be adder REQUIRED SIGNATURE:	
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REQUIRED SIGNATURE:	
Jon of	d if an effective date is requested.
St	
Signaturë oi a member or an au	thorized 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.)

Thomas L. Muschamp

Typed or printed name of signee

## Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)