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(Requestor's Name)		
(Address).		
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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		





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TRANSMITTAL LETTER

	ALLES LIBIT LANCE	
TO: Registration Section Division of Corporations		
•		
SUBJECT: THE MUZHIK GROUPE, I (Name of Limited	Lability Company)	
	-	
The enclosed Articles of Organization and fee(s) are su	bmitted for filing.	
Please return all correspondence concerning this matter	to the following:	
ROSALDA	SWIRE	
	ame of Person)	
THE MUZHIK GE	OUDE I I C	
THE MUZHIK GE	COUPE L.L.C.	
n o nov i	770200	
P. O. BOX 7	(Address)	
GODAL CODINGS EL	NTD 22077 0208	
CORAL SPRINGS, FLO	State and Zip Code)	
For further information concerning this matter, please of	call:	
DOGATES GHIDE	054	1220
ROSALDA SWIRE	at (954) 254- (Area Code & Daytime Tele	1230
(Name of Person)	(Area Code & Daytime Tex	spnone Number)
Enclosed is a check for the following amount:		F
CI \$125.00 Filing Fee - A \$130.00 Filing Fee &	☐ \$155.00 Filing Fee &	☐ \$160.00 Filing Fee,
S125.00 Filing Fee \$\frac{1}{2}\$130.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status &
	(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
		(mornionar copy is enchosed)

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Taliahassee, Florida 32399 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:	
THE MUZHIK GROUPE, L.L.C.	
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
9690 WEST SAMPLE ROAD	P. O. BOX 770398
SUITE 202/204	CORAL SPRINGS, FL 33077-0398
CORAL SPRINGS, FL 33065	
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signature:
The name and the Florida street address of the re-	egistered agent are:
Name	
	SITY DRIVE, SUITE 100 ress (P.O. Box NOT acceptable)
CORAL SPRINGS City, State, a	
Having heen named as registered agent and to a	accent service of process for the above stated limited

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.

Registered Agent's Signature JOHN SIMPSON

(CONTINUED)

Page 1 of 2

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MANAGING MEMBER	ROSALDA SWIRE P. O. BOX 770143 CORAL SPRINGS, FL 33077-0143
MEMBER	E. ANTHONY DEHANEY P. O. BOX 770398 CORAL SPRINGS. FL 33077-0398
(Use attachment if necessary)	
NOTE: An additional article must b	e added if an effective date is requested.
REQUIRED SIGNATURE:	
Prosale	de Surie
Signature of a member	or an authorized representative of a member.
(In accordance with secti of this document constitu that the facts stated her	ion 608.408(3), Florida Statutes, the execution ates an affirmation under the penalties of perjury rein are true.)
ROSALDA SWI	
Турс	ed 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)