

W4000091764

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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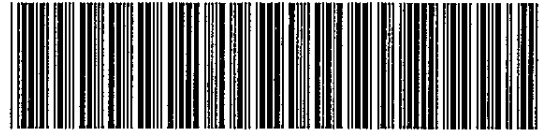
(Business Entity Name)

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE MUZHIK GROUPE, L.L.C.
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROSALDA SWIRE

(Name of Person)

THE MUZHIK GROUPE, L.L.C.

(Firm/Company)

P. O. BOX 770398

(Address)

CORAL SPRINGS, FLORIDA 33077-0398

(City/State and Zip Code)

For further information concerning this matter, please call:

ROSALDA SWIRE

(Name of Person)

at

(954)

254-1230

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

SECRET
STATE
TALLAHASSEE, FLORIDA

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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 principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

9690 WEST SAMPLE ROAD
SUITE 202/204
CORAL SPRINGS, FL 33065

P. O. BOX 770398
CORAL SPRINGS, FL 33077-0398

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

JOHN SIMPSON
Name

210 NORTH UNIVERSITY DRIVE, SUITE 100
Florida street address (P.O. Box **NOT** acceptable)
CORAL SPRINGS FL 33071
City, State, and Zip

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

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STATE OF FLORIDA

(CONTINUED)

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

"MGRM" = Managing Member

CORAL SPRINGS, FL 33077-0143

CORAL SPRINGS, FL 33077-0398

Ronald S. Swartz

Typed or printed name of signee

SECRET STATE
TALLAHASSEE, FLORIDA

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