

LO5000003572

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

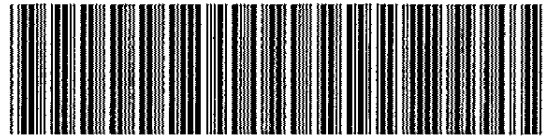
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LO5-3572
JL



4711 N.W. 53rd Avenue
Gainesville, FL 32606
Phone (352) 373-1080
Fax (352) 373-5110

Members of
American Institute of CPA'S
Florida Institute of CPA'S
National Association of Certified Valuation Analysts

William F. McDavid, CPA*, CVA
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Nora C. Rockwell, CPA*
Patricia A. Cucchiara, CPA*, CVA
*CPA's regulated by the State of Florida

December 31, 2004

Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Re: MUNDEN ENTERPRISES, LLC

Please find enclosed a check in the amount of \$125 for Articles of Organization filing fee (\$100) and Designation of Registered Agent fee (\$25).

Do not hesitate to call should you have any questions. Thank you for your assistance in this matter.

Very truly yours,

McDavid & Company


William F. McDavid, CPA

Enclosure

cc: William A. Munden

WFM:lv

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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: MUNDEN ENTERPRISES, LLC

ARTICLE II - Address:

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

2526 S.W. 56th Avenue
Gainesville, FL 32608

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

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

William A. Munden
Name
2526 S.W. 56th Avenue
Florida street address (P.O. Box **NOT** acceptable)
Gainesville FL 32608
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

(An additional article must be added if an effective date is requested.)


Signature of a member or an authorized 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.)

WILLIAM A. MUNDEN
Typed or printed name of signer

Filing Fees:

\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

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