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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
I I I I I I I I I I I I I I I I I I I
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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03/28/05--01073--018 **160.00

TRANSMITTAL LETTER

Division of Co					
SUBJECT:	E. Muller Holdin	gs, LLC	·		
	(Name of Limited	d Liability Company)			
The enclosed Articles of	f Organization and fee(s) are s	ubmitted for filing.			
Please return all corresp	ondence concerning this matte	er to the following:			
<u> </u>	Ernst M		<u> </u>		
	()	Name of Person)			
		•			
		oldings, LLC			
	(Firm/Company)			
	357 Hamm	ocks Trail			
		(Address)			
		s, FL 33413 /State and Zip Code)	OS AF		
For further information	concerning this matter, please	call:	OS APR -8 PH 2: 3: elephone Number) DA		
Ernst Mu	ıller	at (561) 628-6210			
(Name	of Person)	(Area Code & Daytime Te	elephone Number)		
Enclosed is a check for	or the following amount:		AII N		
☐ \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)			
STRE	EET ADDRESS:	MAILING A	DDRESS:		
	tration Section	Registration S			
Division of Corporations 409 E. Gaines Street		Division of Co P.O. Box 632			
Tallahassee, Florida 32399		Tallahassee, Florida 32314			

Secretary of State

March 30, 2005

ERNST MULLER 357 HAMMOCKS TRAIL GREEN ACRES, FL 33413

SUBJECT: E. MULLER HOLDINGS, LLC

Ref. Number: W05000016135

We have received your document for E. MULLER HOLDINGS, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Operating Agreements aren't file with the Department of state. We need the Article of Organization. Enclosed is the correct forms.,

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days of your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas Document Specialist

Letter Number: 405A00021

TILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Cor	mpany is:
E. Muller H	loldings, LLC
ARTICLE II - Address: The mailing address and street address	s of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
357 Hammocks Trail Green Acres, FL 33413	357 Hammocks Trail Green Acres. FL 33413
The name and the Florida street addre	Registered Office, & Registered Agent's Signature: ss of the registered agent are:
	Name
Florio Grant Gran	Hammocks Trail In a street address (P.O. Box NOT acceptable) The een Acres, FL 33413 City, State, and Zip The ent and to accept service of process for the above stated limited agrated in this certificate, I hereby accept the appointment as a sis capacity. I further agree to comply with the provisions of all complete performance of my duties, and I am familiar with and con as registered agent as provided for in Chapter 608, F.S.
	Stalla- ered Agent's Signature

(CONTINUED)

Page 1 of 2

ARTICLE	IV-	Manager(:	s) or	Managing	Member	(s):
	T 4 -	TARGETTER CT (3) VI	TATOMOGYNE	TATCHINCL	

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

	Name and Address:		
"MGR" = Manager			
"MGRM" = Managing Member			
Managing Member	Ernst Muller MGRM		
	357 Hammocks Trail		
ī	Green Acres, FL 33413		
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(Use attachment if necessary)		<u></u> .6	
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NOTE: An additional article must be a	dded if an effective date is requested.	BA	
	-	≶'''	
REQUIRED SIGNATURE:			
Ch	lell-		
	oll		
	an authorized representative of a member.		
(In accordance with section of this document constitutes that the facts stated herein	608.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury are true.)		
E	rnst Muller		

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)

Typed or printed name of signee