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## TRANSMITTAL LETTER

	tration Section of Cor			
SUBJECT:	Mul	llaney Investment Ma		
		(Name of Limited	I Liability Company)	
The enclosed A	Articles of	Organization and fee(s) are su	abmitted for filing.	
Please return a	ll correspo	ondence concerning this matter	r to the following:	
-	Mi	chael D. Mullaney		<u> </u>
		4)	lame of Person)	
	Mu	llaney Investment Ma		
		(F	irm/Company)	
	11	04 Stonehedge Trail	Lane	<b>-</b>
			(Address)	2005
	st	. Augustine, Florid		2005 AFR 21 P
		(City/:	State and Zip Code)	SSET
For further info	ormation o	concerning this matter, please of	call:	2005 AFR 21 PH 3. "
Joanne	Wallac	e	at ( 904 ) 827-026	8 <u>Ş</u> ç
		of Person)	(Area Code & Daytime Te	dephone Number)
Enclosed is a	check fo	r the following amount:		
□ \$125.00 Fil	ing 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 Taliahassee, Florida 32314 ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is.
Mulancy Investment Management, LLC
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
1104 Stenchedge Trail Lano Same St. Augustine, WL 32902
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:
Joanno Unllace
Name
1104 Stonehedge Trail Lane
Florida street address (P.O. Box NQT acceptable)
St. Augustino FL 32902
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

(CONTINUED)

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MCRM	Michael D. Mullaney 1104 Stonehedge Trail Lane St. Augustine, FL 32902	
(Use attachment if necessary)		2005 AFR 21 PM 3: 47
NOTE: An additional article must be	e added if an effective date is requested.	21
REQUIRED SIGNATURE:	4 . 24	F. FLOOR
	hack D multary or an authorized representative of a member.	FI RIDA
	on 608.408(3), Florida Statutes, the execution ties an affirmation under the penalties of perjury ein are true.)	

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)