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# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Mutual Partners Investments, LLC

file  
1st



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Art of Inc. File \_\_\_\_\_  
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Art. of Amend. File \_\_\_\_\_  
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Annual Report / Reinstatement \_\_\_\_\_  
☒ Cert. Copy X2 \_\_\_\_\_  
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Certificate of Good Standing \_\_\_\_\_  
Certificate of Status \_\_\_\_\_  
Certificate of Fictitious Name \_\_\_\_\_  
Corp Record Search \_\_\_\_\_  
Officer Search \_\_\_\_\_  
Fictitious Search \_\_\_\_\_  
Fictitious Owner Search \_\_\_\_\_  
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UCC 11 Retrieval \_\_\_\_\_  
Courier \_\_\_\_\_

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is: Mutual Partner Investments, LLC.

### ARTICLE II - Address:

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

240 South Highland Street, Mount Dora, Florida 32757

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

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

Michell Middleton

Name

240 South Highland Street

Florida street address (P.O. Box **NOT** acceptable)

Mount Dora, Florida 32757

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.*

Michell Middleton

Registered Agent's Signature

### Article IV - Management (Check box if applicable.)

- ☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

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

Harlow C. Middleton  
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.)

Harlow C. Middleton

Typed or printed name of signee

### Filing Fees:

\$100.00 Filing Fee for Articles of Organization ✓  
\$ 25.00 Designation of Registered Agent ✓  
\$ 30.00 Certified Copy (Optional) x2 ✓  
\$ 5.00 Certificate of Status (Optional)