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TALLAHASSEE.FLORID

W5-84909

TRANSMITTAL LETTER
TO: Registration Section Division of Corporations
SUBJECT: MOLD Searchers LTD. Co. (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:
Michael P. Burger (Name of Person)
Mold Searchers Lto.co.
988 Blvd. of the Avis - Suite 112
Sarasota Flanna 34236 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
Muhael Burger at (941) 365-2635 (Name of Person) (Area Code & Day time Telephone Number)
Enclosed is a check for the following amount:
☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & ☐ \$155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nan	ıe:
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The name of the Limited Liability Company is:

MOLD SEARCHERS LTD.Co.

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
988 Blvd. of the Arts Juileur Savasote	988 Blud of the ARTS Suite 112
Savasote	Savasota
FLORING. 34236	FLORIDA 34236

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

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

Name

988 Blvd. of the Aus-Suite 112

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

Savasota FL 34236

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..

Michael P/S augu Registered Agent's Signature

(CONTINUED)

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

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGR	Michael P. Burger 988 Blud of the Avis Savasota FL 34236
MGRW	Audvey Romand 8257 BARTON Farms Blu SARASOTA FL. 34240
,	
(Use attachment if necessary)	
NOTE: An additional article must	t be added if an effective date is requested.

REQUIRED SIGNATURE:

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.)

Typed or printed name of signee

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)