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(Requestor's Name) (Address) (Address)	800059605498	
(City/State/Zip/Phone #)	04/16/0501005017 **180.00	
(Document Number) Certified Copies Certificates of Status Special Instructions to filing Officer:	15 SEP 16 PH 3: 09 05 SEP 15 1:10: 32 FALL AN STATIONER FALL AN STATIONER	



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September 16, 2005

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# CORPORATION NAME (S) AND DOCUMENT NUMBER (S):

## **TKMULL Properties, LLC**

1

# Filing Evidence

- □ Plain/Confirmation Copy
- $\boxtimes$  Certified Copy

# **Retrieval Request**

- □ Photocopy
- □ Certified Copy

	NEW FILINGS
	Profit
	Non Profit
x	Limited Liability
	Domestication
	Other

OTHER FILINGS
Annual Reports
Fictitious Name
Name Reservation
Reinstatement

	AMENDMENTS
	Amendment
	Resignation of RA Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
-	Merger

REGISTRATION/QUALIFICATION
Foreign
Limited Liability
Reinstatement
Trademark
Other

# Certificate of Status Certificate of Good Standing

**Type of Document** 

- □ Articles Only
- All Charter Documents to Include Articles & Amendments
- □ Fictitious Name Certificate
- □ Other

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I – Name:

The name of the Florida Limited Liability Company is:

#### **TKMULL Properties, 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:

TKMULL Properties, LLC 2555-27<sup>th</sup> Avenue San Francisco, CA 94116 TKMULL Properties, LLC 2555-27<sup>th</sup> Avenue San Francisco, CA 94116

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

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

UCC Filing & Search Services, Inc. 1574 Village Square Boulevard, Suite 100 Tallahassee, FL 32309

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, Florida Statutes.

Hand Assysec Registered Agent's Signature



# 

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

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

Title:

# Name and Address:

Manager

Kathryn J. Mullins

Manager

Timothy D. Mullins

Signature of authorized representative of members

(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.)

D. Matthew Richardson, representative of members