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(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone #	7)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name	·)
(Do	ocument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	
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	Office Use Only	IUST



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COVER LETTER

Division of Co					
SUBJECT: Mullin	s Installation's LLC	· ·			
		d Liability Company)			
The enclosed Articles o	f Organization and fee(s) are s	ubmitted for filing.			
Please return all corresp	ondence concerning this matte	er to the following:			
Shaun M	ullins				
	(Name of Person)			
Mullins In	stallations's LLC.				
	(Firm/Company)			
4133 Gra	ady st.				
		(Address)	are to	3	
Panama	City FL.		9.5 	5 77	
	(City	/State and Zip Code)			T
For further information	concerning this matter, please	call:		NOTER 27 PM 3: 29	J
Shaun Mullins		at (850) 624-94	40	3: 29	
(Name	of Person)	(Area Code & Daytime To	elephone Number)	>	
Enclosed is a check for	or the following amount:				
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing F Certificate of Status Certified Copy (additional copy is enclosed)	&	
	Malling Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

MICHIES HIS	tallations LLC.		
(Must end with th	e words "Limited Liability Company,	, "Limited Company" or their abbreviation "LLC," or "	L.C.,")
ARTICLE I	I - Address		
		f the principal office of the Limited Liabili	ty Company is:
Principal Office Address:		Mailing Address:	
4133 Grady st. Panama city FL. 32404		4133 Grady st. Panama city FL. 32	404
			7
(The Limited Lia		istered Office, & Registered Agent's Sig wn Registered Agent. You must designate an individual of	or another 3
The name an	d the Florida street address o	of the registered agent are:	
	Shaun Mullins		100 H 200 200 200 200 200 200 200 200 200
		Name	Su
	4133 Grady st.		
	Florida str	treet address (P.O. Box NOT acceptable)	
	1 101100 50		
	Panama city	FL 32404	
	Panama city	FL 32404 , State, and Zip	

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: "MGR" = Manager "MGRM" = Managing Member Owner Shaun Mullins 4133 Grady st. Panama city FL 32404 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: 03/01/2006 (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

Shaun Mullins

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)