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(Add	dress)	
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(Doc	cument Number	)
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SECRETARY OF STATE

## **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT: Steve	Mulkev LLC		
SUBJECT:		d Liability Company)	
The enclosed Articles of	of Organization and fee(s) are si	ihmitted for filing.	
	condence concerning this matte	•	
Steve Mull	-	<b>Q</b>	
Steve Muli	<del></del>	Name of Person)	<u>.</u>
	(i	value of Ferson;	
	()	Firm/Company)	
		• • •	
14091 SE	10th Street		·
		(Address)	
Williston,	FL 32696		
	(City/	State and Zip Code)	
For further information	concerning this matter, please	call·	
	one of the state o	•	
Steve Mulkey		at ( 352 ) 528373	4
(Name	e of Person)	(Area Code & Daytime	Telephone Number)
Enclosed is a check for	or the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee &	✓ \$155.00 Filing Fee &	\$160.00 Filing Fee,
	Certificate of Status	Certified Copy	Certificate of Status &
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
	```	in the second	
	Mailing Address Registration Section	Street/Courier Addre Registration Section	ess
	Division of Corporations	Division of Corporati	ons
	P.O. Box 6327	Clifton Building 2661 Executive Cente	on Ci1-
•	Tallahassee, FL 32314	Tallahassee, FL 3230	

RTICLES OF	ORGANIZATION FO	OR FLORIDA LIMITED LIABIL	ITY COMPANY
ARTICLE I - N	ame:		
	Limited Liability Comp	any is:	
Steve Mulkey LL	.c		
(Must end with the wo	ords "Limited Liability Company	, "Limited Company" or their abbreviation "LLC,"	" or "L.C.,")
ARTICLE II - A	Address:		
The mailing add	ress and street address o	f the principal office of the Limited Li	ability Company is:
Principal Office	Address:	Mailing Address:	
14091 SE 10th Stre	et	Same	
/williston, FL 32696			
			···.
The name and th	Steve Mulkey	of the registered agent are:	·
	44004 05 4011 01		
	14091 SE 10th Stree	treet address (P.O. Box <u>NOT</u> acceptable)	
		22606	
	Williston City	FL 32696 , State, and Zip	
liability com registered agent statutes relatir	nmed as registered agent pany at the place designa t and agree to act in this d ng to the proper and comp	and to accept service of process for the ted in this certificate, I hereby accept th capacity. I further agree to comply with plete performance of my duties, and I an as registered agent as provided for in C	ne appointment as n the provisions of all n familiar with and
	Ats 11	S Signature (REQUIRED)	DIVISION
	registered Agent	a aignature (KEQOIKED)	

(CONTINUED) Page 1 of 2

## 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" = Managir	ng Member	Name and Address:		
MGRM	.B	Steve Mulkey		
		14091 SE 10th Stree <sup>+</sup>		
		Williston, FL 32696	_	
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			<del></del>	
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(Use attachment if ne	ecessary)			
•	• .	(OPTH	ONIAL	
effective date is listed.	, if other than the da  the date must be s	ate of filing: (OPTI specific and cannot be more than five busines	(UNAL) is davs nr	io.
90 days after the date o		period and calling to the state of the state	o days pi	
	TUDE.		•	
PROUBED SIGNA				
REQUIRED SIGNA				
REQUIRED SIGNA	ff au			
	Ha	or an authorized representative of a member.	_	9
Sign (In	nature of a member of accordance with section	on 608.408(3), Florida Statutes, the execution	061	SIVIO
Sign (In of t	nature of a member of accordance with section his document constitute.	on 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury	06 MAY	HOISIVIO
Sign (In of t	nature of a member of accordance with section his document constitution at the facts stated here	on 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury	06 MAY 12	DIVISION OF C

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)