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SECRETARY OF STATE DIVISION OF CORPORATION

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Muth Munch (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:	
Marsha K Pullen (Name of Person)	
(Name of Person) Muth-N-Munch (Firm/Company)	
(* ····· 2 ···· p····)	•
3127 Olde Sutton Parke Drive	
Orange Park, FL 32073 (City/State and Zip Code)	
For further information concerning this matter, please call:	
Morsha K Pollen at 904, 564-7710 (Name of Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	**
\$125.00 Filing Fee \$\bigcup \\$130.00 Filing Fee & \bigcup \\$155.00 Filing Fee & \bigcup \\$160.00 Filing Fee \bigcup \B	1
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Mailing Address Registration Section Division of Corporations Division of Corporations Clifton Building Tallahassee, FL 32314 Z661 Executive Center Circle Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
Mutt N Munch (Must end with the words "Limited Liability Company, "Limited	
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Company is:
Principal Office Address: 3127 Olde Sutton Pake Dr Orange Park, FL 32073	Mailing Address: 3127 Olde Sutton Parke Dr Orange Park, FL32073
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	Office, & Registered Agent's Signature: red Agent. You must designate an individual or another
The name and the Florida street address of the re	JAN 29
518 Sunn Florida street addr Drawbak City, State, an	ess (P.O. Box NOT acceptable) FL 320 73
	ccept service of process for the above stated limited

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..

Registered Agen 's Signature (REQUINED)

(CONTINUED) Page 1 of 2

<u>Title:</u>	Name and Address:
"MGR" = Manager "MGRM" = Managing Membe	ar
M.C.D. A.	
MARIN	Marsha K. Kullen 3127 Olde Sutton Parke Dr.
	Orange Park, FL 32073
MGRM	Donna M. James
	518 Summit Drive
	Carrier to the control of the contro
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(Use attachment if necessary)	
LE V: Effective date, if other t	han the date of filing: (OPTIONA must be specific and cannot be more than five business day.
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LE V: Effective date, if other to a fective date is listed, the date days after the date of filing.) REQUIRED SIGNATURE: Signature of a	must be specific and cannot be more than five business day

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)