

LD 8000052536

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

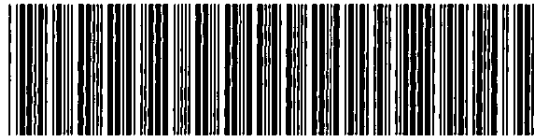
Special Instructions to Filing Officer:

L. SELLERS

MAY 28 2008

EXAMINER

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05/27/08--01023--010 **160.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 MAY 27 PM 1:40

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Mushatts L.L.C.,
(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 Foley, Managing Manager

(Name of Person)

Mushatts L.L.C.,

(Firm/Company)

2194 Highway A1A, Suite 309

(Address)

Indian Harbour Beach, FL. 32937

(City/State and Zip Code)

For further information concerning this matter, please call:

Michael Foley, Managing Manager at (**321**) **626-0600**

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input checked="" type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
|--|---|---|--|

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 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:

Mushatts L.L.C.,

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

2194 Highway A1A, Suite 309

Indian Harbour Beach

FL. 32937

Mailing Address:

2194 Highway A1A, Suite 309

Indian Harbour Beach

FL. 32937

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Michael Foley

Name

2194 Highway A1A, Suite 309

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

Indian Harbour Beach, FL 32937

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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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2008 MAY 27 PM 1:40
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TALLAHASSEE, FLORIDA

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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

Name and Address:

John Joseph Foley, Manager

11 Saltzburg, Ardilea

Clonskeagh, Dublin 14

Ireland

Ciaran Pearse Foley, Manager

925 Highway A1A, #302

Satellite Beach, FL.32937

Michael Foley, Managing Manager

925 Highway A1A, #302

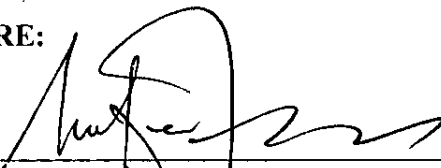
Satellite Beach, FL.32937

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 6/1/2008. (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.)

Michael Foley, Managing Manager

Typed or printed name of signer

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)