# L1000109859

(Red	luestor's Name)	,
. (Add	lress)	
(Ado	lress)	
( 14.5		
(City	/State/Zip/Phone	<b>⇒</b> #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nan	ne)
•	·	•
(Da.		
(DOC)	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer	
Opeoidi mondetiono to 1	iiing Cineci.	
	•	

Office Use Only



500186651045

'نڌ ندرس



9. HAWKES

OCT 2 0 2010

EXAMINER

# **COVER LETTER**

-	stration Section tion of Corporations
SUBJECT: '	Joe Muller Training Services,LLC
	Name of Limited Liability Company
The enclosed	Articles of Organization and fee(s) are submitted for filing.
Please return a	all correspondence concerning this matter to the following:
Joe	Muller
	Name of Person
Joe	Muller Training Services,LLC
	Firm/Company
134	47 Chenille Drive
	Address
Port	Charlotte, FL. 33981
<del></del>	City/State and Zip Code
popm	nuller@verizon.net
<del></del>	E-mail address: (to be used for future annual report notification)
For further info	ormation concerning this matter, please call:
Joe Muller	at (011 ) 002 002.
	Name of Person Area Code & Daytime Telephone Number
Enclosed is a	check for the following amount:
\$125.00 Filing	Fee \$\bigsim\\$130.00 \text{ Filing Fee & Certificate of Status}\$  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

# Joe Muller Training Services, LLC

(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 Compar

#### **Principal Office Address:**

**Mailing Address:** 

Joe Muller Training Services,LLC

13447 Chenille Drive

Port Charlotte, FL. 33981

Joe Muller Training Services,LLC 13447 Chenille Drive

Port Charlotte, FL. 33981

## 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:

Joe Muller

Name

# 13447 Chenille Drive

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

Port Charlotte,

... 33981

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)

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:

"MGR" = Manager	Name and Address:
"MGRM" = Managing N	1ember
MGR	Joe Muller 13447 Chenille Drive Port Charlotte, FL 33981
	13447 Chenille Drive
	Port Charlotte, FL 33981
	<del></del>
	and the second s
(I.I 441 4 * C 4	
Use attachment if neces	sary)
	DH
EW F60 of a day 10	1 1 1 cc 10/mg/2010 (0707001)
LE V: Effective date, if a	
ective date is listed, the	date must be specific and cannot be more than five business day
ective date is listed, the	date must be specific and cannot be more than five business day
fective date is listed, the	date must be specific and cannot be more than five business day
fective date is listed, the days after the date of fil	date must be specific and cannot be more than five business daying.)
fective date is listed, the days after the date of fil	date must be specific and cannot be more than five business daying.)
fective date is listed, the days after the date of fil	date must be specific and cannot be more than five business daying.)
fective date is listed, the days after the date of fil	date must be specific and cannot be more than five business daying.)
fective date is listed, the days after the date of fil	date must be specific and cannot be more than five business day ing.)  URE:
fective date is listed, the days after the date of fil REQUIRED SIGNATU	date must be specific and cannot be more than five business daying.)  URE:  The of a member or an authorized representative of a member.
fective date is listed, the days after the date of fil REQUIRED SIGNATU	date must be specific and cannot be more than five business daying.)  URE:  The of a member or an authorized representative of a member.  With section 608.408(3), Florida Statutes, the execution of this document
fective date is listed, the days after the date of fil REQUIRED SIGNATU  Signature (In accordance veconstitutes an af	date must be specific and cannot be more than five business day ing.)  URE:  The of a member or an authorized representative of a member.

Joe Muller

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)