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(Requ	iestor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificate	s of Status
Special Instructions to Fil	ling Officer:	

Office Use Only



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J. SAULSBERGEN EXAMINER

COVER LETTER

	egistration : ivision of C					
SUBJECT	. Mulle	tt Man LLC				_
		Name of Limit	ed Liability Cor	npany		
The enclos	sed Articles o	of Organization and fee(s) are	submitted for fi	ling.		
Please retu	rn all corres	pondence concerning this mat	ter to the follow	ing:		
W	arren E	Barnes				
			Name of Person			
M	lullett M	lan LLC			·	
			Firm/Company		1741	2
Р	.O. Box	5			CALE AHE	
			Address		ASS	JUN 29
Fo	rt White	, Florida 32038			Yior FEF	9 P
		Cit	y/State and Zip C	ode	S.TA EOR	
ws	barnes1	@windstream.net E-mail address: (to be used to	Con fistano amenala	and additional	<u> </u>	8
		·		eport notification)		
For further	information	concerning this matter, please	e call:			
Warren	Barnes		at (386	, 497-3112	! !	
	Name	of Person	_	ode & Daytime Tel	ephone Number	-
Enclosed	is a check for	or the following amount:				
\$125.00 Fil	ling Fee	\$130.00 Filing Fee & Certificate of Status	Certified (iling Fee & [Copy copy is enclosed)	\$160.00 Filing Certificate of S Certified Copy (additional copy is	tatus &
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Regist Divisi Clifto 2661 I	/Courier Address ration Section on of Corporation n Building Executive Center (assee, FL 32301	as	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Com	pany is:	
Mullett Man LLC		
(Must end with the words "Lin	ited 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:	Mailing Address:	
404 SW Durant Street	P.O. Box 5	
Fort White, FL	Fort White, FL	
32038	32038	
	gistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or shother of the registered agent are:	Tij
	Name +#Q	_
404 SW Dur		
Florida	street address (P.O. Box NOT acceptable)	

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..

City, State, and Zip

_{FL} 32038

Registered Agent's Signature (REQUIRED)

Fort White

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

MGR	Warren Barnes
	P.O. Box 5
	Fort White, FL 32038
	JON HAM
(Use attachment if necessary)	N 2: 00
LE V. Effective data if athenthese th	te date of filing: (OPTION.

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Warren Barnes

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)