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(Re	questor's Name)	)
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11 JUL 19 PH 2: 43

DEPARTMENT OF STATE

THYSIDA OF CONFORATION

T. CLINE
JUL 19 2011
EXAMINER



## **COVER LETTER**

	Registration of	on Section Corporations						
SUBJEC	CT:	MUD	WURK					
			Name of Limi	ted Liabil	ty Company			
The enclo	osed Article	es of Organizati	ion and fee(s) are	submitted	I for filing.			
Please ret	turn all cort	respondence co	ncerning this ma	tter to the	following:			
_		De:	sie fr	Name of	Elin			-
				Name of	rerson			
			·	Firm/Co	npany			-
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	7	PALCA	HASSEE	FIFE	32304	4		
	e	frank	Ci	ty/State and	32 30 4 d Zip Code SMBALO unnual report notification	MAC	L, Can	<u> </u>
For furthe			this matter, pleas		ania report notmound	,	聖公士	
ELIZ	Z ABE	me of Person	wein	_ at (_ <b>_</b>	Area Code & Daytime	5, 912 Telephone Nu	ka "	E CONTRACTOR OF THE PARTY OF TH
Enclosed	l is a checl	k for the follo	wing amount:				では、 と で と こ こ こ こ こ こ こ こ こ こ こ こ こ こ こ こ こ	T
\$125.00 F	iling Fee	S130.00 Certific	Filing Fee & cate of Status	Cert	i.00 Filing Fee & ified Copy tional copy is enclosed	Certif  Certif	00 Filing Fee, concern Fee, con	•
		Division P.O. Box	ion Section of Corporations		Street/Courier Addr Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	tions ter Circle		

I, DESSIE FRANKLIN AGREE NEVERTO RETWITHTE WWO WORKS L.L.C

DOC# LOSODO 43386 AND RELEASE THE NAME

Donald.

TILED R 2:53

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
MUID WORK LLC	
(Must end with the words "Limited Liability	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the prir	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2131 BERKSHIRE DR 1911ahassa FL 32304	0 (1
911949550e FL 32304	
Tay 111	gistered agent are:    I

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)

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Memb	<u> </u>
MGRM	DESSIE FRANKLIN 2131 BERKSHAEF DR TALLAHASSEE, FL 32304
	TALLAHASSES, FL 32304
	<del></del>
•	han the date of filing: $7-19-11$ . (OPTION
LE V: Effective date, if other t fective date is listed, the date	han the date of filing: 7-19-11 . (OPTION) must be specific and cannot be more than five business da
LE V: Effective date, if other the date is listed, the date days after the date of filing.)	
	must be specific and cannot be more than five business da
LE V: Effective date, if other to fective date is listed, the date days after the date of filing.)  REQUIRED SIGNATURE:	must be specific and cannot be more than five business da  member or an authorized representative of a member.
LE V: Effective date, if other to a ffective date is listed, the date days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a constitutes an affirmation of a days after the date of filing.)	member or an authorized representative of a member.  stion 608.408(3), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein the true se information submitted in a document to the Department of trate.
LE V: Effective date, if other to fective date is listed, the date days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a (In accordance with seconstitutes an affirmation I am aware that any fall constitutes a third degree.	member or an authorized representative of a member.  tion 608.408(3), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein metrue is information submitted in a document to the Department of State ee felony as provided for in s.817.155, F.S.)
LE V: Effective date, if other to a ffective date is listed, the date days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a constitutes an affirmation of a days after the date of filing.)	member or an authorized representative of a member.  tion 608.408(3), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein the see information submitted in a document to the Department of State ee felony as provided for in s.817.155, F.S.)

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