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**FLORIDA LIMITED LIABILITY CO.**

**Mullen Restoration & Repairs, LLC**

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**EXAMINER**

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# ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608, F.S.

## ARTICLE I NAME

The name of the Limited Liability Company is:

MULLEN RESTORATION & REPAIRS, LLC

## ARTICLE II ADDRESS

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

6114 RAINTREE DRIVE

ORLANDO, FLORIDA 32822

## ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

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

MAX C. ELLIS

6114 RAINTREE DRIVE

ORLANDO, FLORIDA 32822

Having been named as registered agent 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..

x 

MAX C. ELLIS / Registered Agent's signature

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MULLEN RESTORATION &amp; REPAIRS, LLC

**ARTICLE IV MANAGEMENT**

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

**ARTICLE V MEMBERS (optional)**

MANAGING MEMBER:

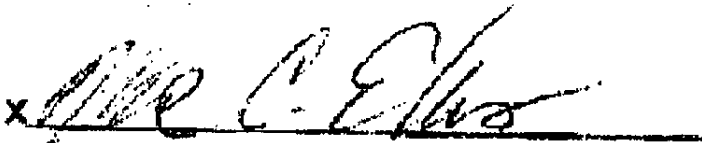
MAX C. ELLIS

6114 RAINTREE DRIVE

ORLANDO, FLORIDA 32822

\*\*\*\*\*

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A handwritten signature in black ink, appearing to read "Max C. Ellis", is written over a horizontal line. The signature is stylized and cursive.

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.

MAX C. ELLIS

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