

SEP. 13. 2012 2:42PM

PENNINGTON LAW FIRM

NO. 782 P. 1

9/13

**L12000117451**

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : PENNINGTON, MOORE, WILKINSON, BELL & DUNBAR, P.A.  
Account Number : T20020000114  
Phone : (850) 222-3533  
Fax Number : (850) 222-2126

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: joe@madmulletbrew.com

**FLORIDA LIMITED LIABILITY CO.**

**Mad Mullet, LLC.**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**C. LEWIS**

SEP 14 2012

**EXAMINER**

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Mad Mullet, LLC.**  
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:

Joseph R. Foster

Name of Person

Firm/Company

1400 Village Square Blvd. Suite 3-212

Address

Tallahassee, FL 32312-1231

City/State and Zip Code

joe@madmulletbrew.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joe

Name of Person

at 850, 5831662

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee    ☒ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$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

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

**Mad Mullet, 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 Company is:

#### Principal Office Address:

1400 Village Square Blvd. Suite 3-212  
Tallahassee, FL 32312-1231

#### Mailing Address:

1400 Village Square Blvd. Suite 3-212  
Tallahassee, FL 32312-1231

### 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:

Joseph R. Foster

Name

2039 North Meridian Road, Apt. 259

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

Tallahassee

FL 32303

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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**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:**MGRJoseph R. Foster  
2039 North Meridian Road, Apt. 259  
Tallahassee, FL 32303MGRKevin T. Wolff  
674 Brooke Hampton Drive  
Tallahassee, FL 32311MGRAddison R. Odeneal  
419 Stone House Road  
Tallahassee, FL 32301MGRJoshua J. Kuch  
2622 Faversham Drive  
Tallahassee, FL 32303

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 9/6/2012. (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. 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.)

Joseph R. Foster

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)