#L13000055776

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
CORRECTION PER CONVERSATION WITH SANDRA ANGEL 4/16/2013				
WITH SANDRA HNGEL 4/16/2013				





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04/12/13--01025--009 **125.00

13 APR 12 PH 2: 59
SECKETARY OF STATE

K.SALY EXAMINER APR 16 2013

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJI	T: MUSSA DESIGN, LLC				
SOBJE	Name of Limited Liability Company				
The end	osed Articles of Organization and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:					
SANDRA ANZEL					
-	Name of Person				
	•				
-	MUSSA DESIGN Firm/Company				
-	9849 DOPIATH CIPCLE				
	Address				
	OPLANDO, FL 32825				
City/State and Zip Code					
OFLANDO, FL 32825 City/State and Zip Code Sandrangel @idoud. com E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
	ANDRA ANGEL at (773), 531-4209				
	Name of Person Area Code & Daytime Telephone Number				
Enclose	d is a check for the following amount:				
±1\$ 125.0	O Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle				

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:			
MUSSA DESIGN, 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: Mailing Address:			
9849 DOPIATH CIPCLE 9849 DOPIATH CIPCLE OPLANDO, FL 32825 OPLANDO, FL 32825			
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:			
MARIA KOEPNER			
Name E B			
9849 DOHATH UPLUE Florido etreot address (P.O. Box NOT acceptable)			
Florida street address (P.O. Box NOT acceptable)			
OPLANDO, FL 32825 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			

(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:

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGP	SANDRA ANKEL 9849 DORIATH CIRCLE OPLANDO, FL 32825
MGRM	MARIA KOERNER 9849 DORIATH GRUE ORLANDO, FL 32825
	
	e date of filing: $04/07/2013$ (OPTIONAL) to be specific and cannot be more than five business days
REQUIRED SIGNATURE:	sauce ins
Signature of a member	er or an authorized representative of a member.
constitutes an affirmation under I am aware that any false inform	3.408(3), Florida Statutes, the execution of this document rethe penalties of perjury that the facts stated herein are true, nation submitted in a document to the Department of State y as provided for in s.817.155, F.S.)
-	SANDONA ANCH

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)

Typed or printed name of signee