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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only

T. SCOTT



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COVER LETTER

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TO: Registration Section Division of Corporations		
	Moments mited Liability Company	
The enclosed Articles of Organization and fee(s) a	re submitted for filing.	
Please return all correspondence concerning this m	natter to the following:	
Scott D	Name of Person	
	Firm/Company	
Z600 OCEAN	Address BLU1	# 206
Ormond Bea Thedma E-mail address: (to be used	Ch FL. 37 City/State and Zip Code AN BELL Sout d for future annual report notification	176 h. Net
For further information concerning this matter, pleas	se call:	
ScoTT Dmitrenko at (Name of Person A	Area Code Daytime Telephon	
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	Street Address Registration Section Division of Corporati	ons

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:
The name of the Limited Liability Company is:
Mulligan Moments 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:
2600 Ocean Shore Blud. UNIT 206 Ormand Beach FL. 32176 Ormand Beach FL. 32176 Ormand Beach FL. 32176
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:
Scott Dmitrenko
Z600 Ocean Shore Blus #206 Florida street address (P.O. Box NOT acceptable)
Ormand Beach FL 32176
City State 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 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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Name and Address: ber	
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# 206 Ormand	Brach FL.
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ARTICLE IV-