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SECRETARY OF STATE DIVISION OF CORPORATION

N 09/21/15

COVER LETTER

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	gistration Section vision of Corporations
SUBJECT:	Mum & Son, LLC
Sendici.	Name of Limited Liability Company
The enclose	d Articles of Organization and fee(s) are submitted for filing.
Please retur	n all correspondence concerning this matter to the following:
	Janice V McGrath
	Name of Person
	Mum & Son, LLC
	Firm/Company
	5122 Edgewater Dr, Ste #200
	Address
	Orlando, FL 32810
ł	City/State and Zip Code
_	E-mail address: (to be used for future annual report notification)
For further in	formation concerning this matter, please call:
	Janice V McGrath 407 579-8599 at ()
-	Name of Person Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:
\$125.00 Fil	ing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \ \text{S155.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)} \ \text{Certified Copy (additional copy is enclosed)} \ Certified Copy (ad
	Mailing Address Street Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

Mum & Son, 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:

5122 Edgewater Dr	5122 Edgewater Dr		
Ste #200	Ste #200		
Orlando, FL 32810	Orlando, FL 32810		

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:

Carpets & Blinds Beautiful, Inc. Name

5122 Edgewater Dr, Ste #200

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

Orlando City

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) Carpets & Blinds
Beautiful, Inc

(CONTINUED)

Page 1 of 2

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The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	Janice V McGrath
	5122 Edgewater Dr, Ste #200
	Orlando, FL 32810
AMBR	Blaine A Carmichael
	5122 Edgewater Dr, Ste #200
	Orlando, FL 32810
(Use attachment if necessary)	
•	(000000111)
TICLE V: Effective date, if other than t	he date of filing: (OPTIONAL)
	t be specific and cannot be more than five business days prior to or 90 days after
edate of filing.)	es not meet the applicable statutory filing requirements, this date will not be listed a
document's effective date on the Depa	.,
adominion someonive date on the Bepa	Timent of State & records.
TICLE VI: Other provisions, if any.	
	
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REQUIRED SIGNATURE:	1.0
	Janie V. May rall
Signature	of a member or an authorized representative of a member.
This document is	s executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that a	ny false information submitted in a document to the Department of State
	d degree felony as provided for in s.817.155, F.S.

Janice V McGrath

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)

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