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	(Requestor's Name)	
	(Address)	<b></b>
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	(City/State/Zip/Phone #)	
PICK-UI	P WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of Statu	s
Special Instructions	s to Filing Officer:	

Office Use Only



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## **COVER LETTER**

TO: New Filing Section Division of Corporations
SUBJECT: We come to Mythouse LLC  Name of Limited Liability Company
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:
Robert Stanhope Name of Person
Name of Person
Melcome to Mythouse LLC
Firm/Company
3411 57th ter W. Address
Address
Bradenton, FL 34210  City/State and Zip Code  bob@welcome tomyhousellc.com
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Robert Stanhope at (603), 504-5408
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \times \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Lis	bility Company is:			
Wel	come to MyHou contain the words "Limited	se LLC		
(Must	contain the words "Limited	Liability Company	r, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and stre	eet address of the principal o	ffice of the Limite	d Liability Company is:	
<u>Pri</u> r	ncipal Office Address:		Mailing Ade	dress:
3411 Braden	57th Ter. W. ton, FL 34210		34/1 57th Ter Bradenton, FL	W. 342/0
ARTICLE III - Registered (The Limited Liability Companother business entity with The name and the Florida str	pany cannot serve as its own an active Florida registration reet address of the registered	Registered Agent. on.) I agent are:	You must designate an i	ndividual or
	Robert	- Stanhope	• 	
		7th Ter. U		
	Florida street addres			
	<u>Bradenton</u> City	FL	34210	
	City	State	Zip	
Having been named as registe place designated in this certifi further agree to comply with th am familiar with and accept th	cate, I hereby accept the apport of provisions of all statutes re the obligations of my position	ointment as registe elating to the prope as registered agent	red agent and agree to ac er and complete performa	t in this capacity. I nce of my duties, and I
		(CONTINUED)		SE THAN TO SERVE S

Signature of a member or an authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes 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.  Robert Stanhope  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)	Robert Stanloge  34/11 57th Ter. W.  Brackenton, FL 34/2/0  Dawn Stanloge  34/11 57th Tel. W.  Drugentan, FL 34/2/0  Signature of a member of an authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes I am aware that any false information submitted in a document to the Department of State on stanloger felony as provided for in s.817.155, F.S.  Robert Stanloge  Typed or printed name of signee  Filing Fees:  .00 Filing Fee for Articles of Organization and Designation of Registered Agent .00 Certified Copy (Optional)	Tide:	Name and Address:
MGR    Sober   Stanloge   34/11 57th Ter.   W.	Signature of a member or an authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes 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 .817.155, F.S.  Robert Status (Optional)  Filing Fee for Articles of Organization and Designation of Registered Agent .00 Certificate of Status (Optional)		<b>.</b>
Use attachment if necessary)  V: Effective date, if other than the date of filing:	ttachment if necessary)  Siffective date, if other than the date of filing:  Late is listed, the date must be specific and cannot be more than five business days prior to or 9 (s) to inserted in this block does not meet the applicable statutory filing requirements, this date will ne effective date on the Department of State's records.  Other provisions, if any.  Signature of a member or an authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes 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.  Robert Stankope  Typed or printed name of signee  Filing Fees:  .00 Filing Fee for Articles of Organization and Designation of Registered Agent .00 Certificate of Status (Optional) .00 Certificate of Status (Optional)		Robert Stanhope
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**ARTICLE IV-**