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(Requestor's Name)	
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PICK-UP WAIT MAIL	
(Business Entity Name)	
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(Document Number)	
Certified Copies Certificates of Status	
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Special Instructions to Filing Officer:	

Office Use Only



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COVER LETTER

TO:	Registration Section Division of Corporations
SUBJI	ECT: CindyMueller.biz Ft.C. Name of Limited Liability Company
The en	sclosed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Cynthia E. Mueller Name of Person
	Firm/Company Music LLC
	1831 Ne7th Terrace Address
남	Gainesville, FL 32609 City/State and Zip Code Diverse Communities City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code
For fi	urther information concerning this matter, please call:
<u>Cynt</u>	hia E. Mueller at (230) 404-8253 Name of Person Area Code Daytime Telephone Number
	osed is a check for the following amount: i.00 Filing Fee
PUF	Mailing Address Street/Courier Address Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 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:	
CindyMustler.biz LtC	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal of	fice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1831 Ne7th Terrace Gainesville, FL 32609	1831 Ne7th Terrace Gainesville, FL 32609
ARTICLE III - Registered Agent, Registered Office, (The Limited Liability Company cannot serve as its own another business entity with an active Florida registratio	Registered Agent. You must designate an individual or
The name and the Florida street address of the registered	agent are:
Cynthia E. Mueller Name	
1831 Ne7th Terrace Florida street address (P.O. Box	(NOT acceptable)
Gainesville	FL 32609
City	Zip
the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the ol	ervice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this of all statutes relating to the proper and complete performance oligations of my position as registered agent as provided for in other 605, F.S
(CONTINU	JED)
Page 1 of	2 ဆီ

Wight = Authorized Member Wight = Manager AGR Cynthia E. Mueller 1831 Ne7th Terrace Gainesville, FL 32609 Use attachment if necessary) V. Effective date, if other than the date of filing: Tan D 8	Fitle:	Name and Address:
Use attachment if necessary) (OPTIONAL) A member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), 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.) Cynthia E, Mueller Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent		
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