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Special Instructions to I	Filing Officer:	
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MUSO DEMO

We Get the Job DONE!!!

1603 W. 27th Street Jacksonville, FL 32209

Cell: 904-760-1335

March 13, 2018

To whom it may concern:

I am writing this letter in reference to the new LLC Application I have attached.

I am requesting the \$78.75 (Seventy-Eight Dollars and Seventy-Five Cents) I have already paid in June 2017 (Document # W17000053463) be applied to the new LLC Application.

Enclosed is the additional amount of \$55.00 (Fifty-Five Dollars) (Check #939829) to make up the total of \$130.00 (One Hundred-Thirty Dollars) needed for application with the **Certificate of Status**.

If there are any further questions or concerns, please contact me at the above stated number.

Respectfully submitted,

Anthony Wilson, Sr.

COVER LETTER
TO: New Filing Section Division of Corporations
SUBJECT: Muse Demo LLC. Name of Limited Liability Company
- End of Ended Editionary Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Anthony Wilson Sr.
Name of Person
Muso Demo LLC.
Firm/Company
1603 W. 27 M Street
JACKSONVILLE FL 32209 City/State and Zip Code
MUSO dimozo16 B a mail. com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ANThory Wilson at Poy 760-1335 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee & S130.00 Filing Fee & Certificate of Status (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address New Filing Section 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:
(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")
(Must contain 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:
1603 w. 20th street 1460 w 30th Street
Sax FL 32209
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:

Name

Name

1603. W. 27th Street

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

JACKSON VIlle, FL 32209

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)

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2010 MAR 21 AN 8: 25
SECRETARY OF STATE

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	. 11
MGR	Anthony Wilson Sr.
	Jacksoniile Fr 32209
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ILE V: Effective date, if other than the date ffective date'is listed, the date must be specifiling.) If the date inserted in this block does not mument's effective date on the Department of LE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a menument is executed and aware that any false constitutes a third degree	mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Statutes.

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)

ARTICLE IV-