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(Requestor's Name)					
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PICK-UP WAIT MAIL					
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FEB 1 9 2019 Kinsey



COVER LETTER

TO:	New Filing Section Division of Corporations
eub ir a	Sisters Estate Sale: LLC
SUBJEC	Name of Limited Liability Company
The encl	osed Articles of Organization and fee(s) are submitted for filing.
Please re	eturn all correspondence concerning this matter to the following:
	Richard G Muise
	Name of Person
	Firm/Company
	10117 Twisting Vine Court
	Address
	Tallahassee Florida 32312
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For furthe	er information concerning this matter, please call:
	Richard G Muise 850 445-3303
	Name of Person Area Code Daytime Telephone Number
Enclose	d is a check for the following amount:
	Signature of Status Sta

Mailing Address

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

Street Address

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Cor	npany is:			
Sisters Estate Sales LLL (Must contain th	e words "Limited I	.iability Company,	"L.L.C.," or "LLC.")	_
ARTICLE II - Address: The mailing address and street address	s of the principal of	fice of the Limited	Liability Company is:	
Principal Of	fice Address:		Mailing Add	ress:
10117 Twisting Vine Cou	TLORIDA 32	3/2		
ARTICLE III - Registered Agent, R (The Limited Liability Company cann another business entity with an active	ot serve as its own	Registered Agent. '	n t's Signature: You must designate an ir	ndividual or
The name and the Florida street addre	ss of the registered	agent are:		
Ri	chard G Muise	Name		
	117 Twisting Vine	Court s (P.O. Box <u>NOT</u> a	ccentable)	
			есераоте,	
<u>1a</u>	llahassee FL 32312 City	State	Zip	
Having been named as registered agent place designated in this certificate, I her further agree to comply with the provisi am familiar with and accept the obligat -	reby accept the appo ons of all statutes re ions of my position	ointment as register clating to the proper	red agent and agree to ac r and complete performan as provided for in Chapta UUC ture (REQUIRED)	t in this capacity. I nce of my duties, and I

ARTICLE IV-

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

Title:	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager		
MGR	Richard G Muise	
	10117 Twisting Vine Court	
	Tallahassee FL 32312	
AMBR	Joanne Frances-Muise	
MADA	10117 Twisting Vine Court	
	Tallahassee FL 32312	
(Use attachment if necessary)		
•		
ARTICLE V: Effective date, if other than the da	te of filing: (OPTIONAL)	
	specific and cannot be more than five business days prior to or 90 days afte	r
the date of filing.)		
	meet the applicable statutory filing requirements, this date will not he listed	18
the document's effective date on the Departmen	nt of State's records. 美丽 🛱 📆 📆	
ADTICLE M. Other american if and	SA - I	
ARTICLE VI: Other provisions, if any.		
	FU CO	
REQUIRED SIGNATURE:	当 2	
N/	P. I I M	
/La	hard D. Illuce	
Signature of a 1	nember or an authorized representative of a member.	
	cuted in accordance with section 605.0203 (1) (b), Florida Statutes.	
	lse information submitted in a document to the Department of State	
constitutes a third deg	ree felony as provided for in s.817.155, F.S.	
Richard G Mui	se	
	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)