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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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(Document Number)
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900336533399 11/01/19--01008--012 #160.00

19 NOV -1 PH 1: 23

NOV -1 PN 1:30

N Chair

COVER LETTER

	ew Filing Section ivision of Corporations	
SUBJECT	Muck City E	nterprise
	Name of Limit	ied Liability Company
The enclos	sed Articles of Organization and fee(s) are	submitted for filing.
Please rett	irn all correspondence concerning this matt	er to the following:
	12 006 Dickey	ane.
	12006 Dickey L	Address
	Tallahassee FL.	3 2 312 ty/State and Zip Code
	Ci	Iv/State and Zip Code
	E-mail address: (to be used	1. COY) for future annual report notification)
For further	information concerning this matter, please	
	Name of Person A	rea Code Daytime Telephone Number
	is a check for the following amount:	\$155,00 Filing Fee & \$160.00 Filing Fee.
\$125.00	Filing Fee \$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing Add <u>ress</u>	Street Address
	New Filing Section	New Filing Section
	Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
	F.O. BOX 0527 Tallahassee FL 37344	2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Murk City Enter (Must contain the words "Limited Liability Con	npany, "L.L.C.," or "LL.C.")			
ARTICLE II - Address: The mailing address and street address of the principal office of the L	limited Liability Company is:			
Principal Office Address:	Mailing Address:			
12006 Dickey Lane	12006 Dickey Lane	=		
Tallahassee, FL 32312	Tallahassee, EL 32312	_		
ARTICLE III - Registered Agent, Registered Office, & Registered (The Limited Liability Company cannot serve as its own Registered another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: Amcs B. Dic Name 12006 Dickey Florida street address (P.O. Box Tallahassee, FL	Key III	SHORE DARY OF STATE OF AHASSEE, FLORID	2818 NO - 1 PH 1: 30	 ר נ
City State Having been named as registered agent and to accept service of proce.				

(CONTINUED)

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	A = 0 No. 177
MGR	Hmos B. DKRRY III
•	12006 Dickey Lane
	Amos B. Dickey III 12006 Dickey Lane Taylahassee, FC 32312
(Use attachment if necessary) TLE V: Effective date, if other than the date of four including the date must be so	e of filing:
TLE V: Effective date, if other than the date effective date is listed, the date must be spee of filling.) If the date inserted in this block does not re-	pecific and cannot be more than five business days prior to or 90 days after meet the applicable statutory filing requirements, this date will not be listed
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ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)