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(Re	equestor's Name)	
(Ad	idress)	
(Ad	tdress)	
(Cit	ty/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL MAIL
(Bu	isiness Entity Name)	
(Do	ocument Number)	
Certified Copies	Certificates of	of Status
Special Instructions to Fiti	ng Officer;	

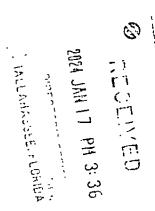
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CORPORATE ACCESS, ____

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INC.

236 East 6th Avenue, Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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K FIL	ING	LLC	
		MANAGEMENT, LLC	
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Liabil	ity Company is:		
Mueller Property N			· · · · · · · · · · · · · · · · · · ·
(Must con	tain the words "Limit	ted Liability Con	npany, "L.L.C.," or "LLC.")
ARTICLE II - Address:			
The mailing address and street	address of the princip	al office of the L	imited Liability Company is:
<u>Princi</u>	pal Office Address:		Mailing Address:
2220 J&C Blvd #:	5		2220 J&C Blvd #5
Naples, FL 34109			Naples, FL 34109
-			
ARTICLE III - Registered Ag	ent, Registered Offi	cc. & Registere	d Agent's Signature:
(The Limited Liability Compan	y cannot serve as its o	wn Registered A	gent. You must designate an individual or
another business entity with an	active Florida registra	ation.)	
The name and the Florida street	address of the registe	ered agent are:	
The halle and the Fighta street	address of the registe	red agent are.	
	Jeff Novatt, Esq.		
		Name	
	1415 Panther Lan	e, Suite 432	
	Florida street add	ress (P.O. Box 1	OT acceptable)
	Naples	FL	34109

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..

State

Zip

City

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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 Gregory Mueller 2220 J&C Blvd., #5 Naples, FL 34109 MGR Dawn Mueller 2220 J&C Blvd., #5 Naples, FL 34109 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: . (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any. This limited liability company is a manager-managed limited liability company.

Structure 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.

Jeff Novatt, Esq., Authorized Representative

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)

REQUIRED SIGNATURE: