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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : KOONTZ & ASSOCIATES, PL
Account Number : I20220000183
Phone : (941)225-2615
Fax Number : (941)951-2618

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: JOANN@KOONTZASSOCIATES.COM

2024 FEB -8 PM 12:11

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FLORIDA LIMITED LIABILITY CO.

MLEdwards, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	$130.00

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: M EDWARDS, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JO ANN M. KOONTZ, ESQ
Name of Person

KOONTZ & ASSOCIATES, PL
Firm/Company

1617 FRUITVILLE RD
Address

SARASOTA, FL 34236
City/State and Zip Code

JOANN@KOONTZASSOCIATES.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JO ANN M. KOONTZ at (941) 225-2613
Name of Person / Area Code / Daytime Telephone Number

Enclosed is a check for the following amount:

$125.00 Filing Fee	☒ $130.00 Filing Fee & Certificate of Status	☐ $155.00 Filing Fee & Certified Copy (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
Tallahassee, FL 32314

Street Address
New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FILED SECRETARY OF STATE TALLAHASSEE FL
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

MUDDY ARTS, 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:
3373 HADFIELD GREENE	3373 HADFIELD GREENE
SARASOTA, FL 34235	SARASOTA, FL 34235

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:

JO ANN M. KOONTZ
Name

1613 FRUITVILLE RD.
Florida street address (P.O. Box NOT acceptable)

SARASOTA FL 34236
City State Zip

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.

Jo Ann M. Koontz
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	MATTHEW L. EDWARDS [illegible] ST SARASOTA, FL [illegible]

(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:
ANY AND ALL LAWFUL BUSINESS

REQUIRED SIGNATURE:

[illegible]
____
Signature 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.

MATTHEW L. EDWARDS
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)

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