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(Requestor's Name)
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PICK-UP WAIT MAIL
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E. 2020 NOV 19 AMIO: IL 2070 NOV 19 PH H: 55 SECRETARY OF STATE TALLAHASSEE, FL

CAPITAL CONNECTION, INC.
417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870. • 1-800-342-8062 • Eax (850) 222-1222

Herlong Mansion, L	LC		
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			Am of Lo. Ell.
···			Art of Inc. File
			LTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
			Art, of Amend, File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			Photo Copy
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
			Officer Search
			Fictitious Search
Signature	·		Fictitious Owner Search
C			Vehicle Search
			Driving Record
Requested by: SETH	11/18/20		UCC 1 or 3 File
Name	Date	Time	UCC 11 Search
Name	Date	THIIC	UCC 11 Retrieval
Walk-In	Will Pick Up		Courier

COVER LETTER

TO: New Divis	Filing Section ion of Corporations	
SUBJECT:	Herlong Mansion, I	LLC
_	Name	of Limited Liability Company
The enclosed A	Articles of Organization and fe	ee(s) are submitted for filing.
Please return a	Il correspondence concerning	this matter to the following:
		Amy Marie Vo, Esq.
		Name of Person
		St. Johns Law Group
		Firm/Company
		104 Sea Grove Main Street
		Address
		St. Augustine, FL 32080
		City/State and Zip Code avo@sjlawgroup.com
	E-mail address: (to b	e used for future annual report notification)
For further infor	mation concerning this matter	please call:
A	my Marie Vo, Esq.	at (904) 495-0400
	Name of Person	Area Code Daytime Telephone Number
Enclosed is a c	heck for the following amount	:
▼\$ 125.00 Fili		Fee & S155.00 Filing Fee & S160.00 Filing Fee,
	Mailing Address	Street Address
	New Filing Section	New Filing Section Division
	Division of Corporations P.O. Box 6327	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32314	Tallahassee, FL 32303

FILED

AKTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2020 NOV 19 AM 10: 14

SECRETARY OF STATE TALLAHADSEE, FL

ARTICLE I - Name:		SECRETA	
The name of the Limited Liability Company is:		TALLAH	
Herlong M:	ansion, LLC		
(Must contain the words "Limited L	iability Compa	ny, "L.L.C.," or "LLC.")	
ARTICLE II - Address:			
The mailing address and street address of the principal of	fice of the Limi	ted Liability Company is:	
Principal Office Address:		Mailing Address:	
402 Northeast 1st Street		402 Northeast 1st Street	
Micanopy, FL 32667		Micanopy, FL 32667	
another business entity with an active Florida registration. The name and the Florida street address of the registered.	•		
	ie Vo, Esq.		
	 		
104 Sea G	rove Main Str	eet	
Florida street address	(P.O. Box <u>NO</u>	[acceptable)	
St. Augustine	FL	32080	
City	State	Zip	
Having been named as registered agent and to accept servic	e of process for	the above stated limited liability company at the	

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)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
MGR – Manager	Gustavo Prada	
MGK	2102 SE 10th Terrace	
	Cape Coral, F1, 33990	
MGR	Stephanie Smoker	
	1822 SW 22nd Street	0
	Cape Coral, Fl. 33991	T)
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(Use attachment if necessary)	·	•
TICLEV: Effective date if other than the	date of filing:	
	be specific and cannot be more than five business days prior to or 90 day	s afte
	not meet the applicable statutory filing requirements, this date will not be	isted
document's effective date on the Departn		
TICLE VI: Other provisions, if any.		

REOUIRED SIGNATURE:

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.

Amy Marie Vo

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)