

L15000095321

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400273315254

05/29/15--01016--019 \*\*125.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
15 MAY 29 AM 8:49

06/03/15

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MANGROVE JUNKIE, 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:

KYLE A. ROSSIN

Name of Person

Firm/Company

312 PINEWAY TERRACE

Address

WEST PALM BEACH, FL 33406

City/State and Zip Code

kkrossin@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KYLE A. ROSSIN

Name of Person

at ( 561 )

Area Code

329-1307

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

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

Street Address

Registration 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 Company is:

MANGROVE JUNKIE, LLC

(Must end with 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:

312 Pineway Terrace

West Palm Beach, FL 33406

312 Pineway Terrace

West Palm Beach, FL 33406

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:

Patricia H. Johnson

Name

3909 Australian Ct.

Florida street address (P.O. Box NOT acceptable)

West Palm Beach

FL

33407

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..*

*Patricia H. Johnson*

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
15 MAY 29 AM 8:49

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

AMBR

AMBR

MGR

Name and Address:

Kyle A. Rossin

312 Pineway Terrace

West Palm Beach, FL 33406

Keith A. Rossin

312 Pineway Terrace

West Palm Beach, FL 33406

Karen J. Rossin

312 Pineway Terrace

West Palm Beach, FL 33406

Tommy Twyford III

921 Laurel Rd.

North Palm Beach, FL 33408

(Use attachment if necessary) *SEE ATTACHMENT PLEASE*

ARTICLE V: Effective date, if other than the date of filing: May 19, 2015 (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.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.  
(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

KYLE A. ROSSIN

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)

ARTICLES OF ORGANIZATION  
FOR FLORIDA LIMITED LIABILITY COMPANY  
MANGROVE JUNKIE, LLC

ATTACHMENT - CONTINUED

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

Mangrove Junkie, LLC

MGR\_\_\_\_\_

Victor Charles Porter,  
112 Pippin Drive  
Islamorada, FL 33036

MGR\_\_\_\_\_

Sheriese J. Gansz,  
15380 NW 84th Ave., No.  
Palm Beach Gardens, FL 33418

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
15 MAY 29 AM 8:49