

L00000004066

Requester's Name  
2965-S FERN CREEK AVE  
Address  
ORLANDO - FLORIDA - 32806  
City/State/Zip  
Phone #  
407-8987325

700003201467--5  
-04/10/00--01107--001  
\*\*\*\*160.00 \*\*\*\*160.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. MARI GOLD APARTMENTS LTD. CO.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

00 APR 10 PM 1:01

APPROVED  
AND  
FILED

RECEIVED  
00 APR 10 PM 12:59  
NEW FILINGS

- Walk in ☐ Pick up time ☐ Certified Copy  
Mail out ☒ Will wait ☐ Photocopy ☐ Certificate of Status

- ☐ Profit  
☐ Not for Profit  
☒ Limited Liability  
☐ Domestication  
☐ Other

OTHER FILINGS

- ☐ Annual Report  
☐ Fictitious Name

AMENDMENTS

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

L00-4066  
Q 4-10

Examiner's Initials

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

MARIGOLD APARTMENTS LTD. CO.

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

2965 STERN CREEK AVE, 32806 ORLANDO  
ORANGE COUNTY - FLORIDA

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature

The name and the Florida street address of the registered agent are:

MANGOLD EVA  
Name  
2965 S-FERN CREEK AVE  
Florida street address (P.O. Box **NOT** acceptable)  
32806 ORLANDO FL  
City, State, and Zip

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

00 APR 10 PM 1:01

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*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 608, F.S..*

*Eva Mangold*  
Registered Agent's Signature

## Article IV - Management (Check box if applicable.)

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

*Gabriela Mangold*  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

MANGOLD GABRIELA

Typed or printed name of signee

### Filing Fees:

\$100.00 Filing Fee for Articles of Organization  
\$ 25.00 Designation of Registered Agent  
\$ 30.00 Certified Copy (Optional)  
\$ 5.00 Certificate of Status (Optional)