W500005058

. (Re	equestor's Name)	
(Ad	idress)	
(Ad	(dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ви	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to		10
1/10	PC	1C
<u> </u>		



01/10/05--01044--014 **125.00

mill

05 JAN 10 FH 2: 39

Office Use Only

TRANSMITTAL LETTER

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

SUBJECT: Mantua Street L.L.C.

(Proposed limited liability company name - must include suffix)

Enclosed is an original and one (1) copy.

Filing fee for articles of organization of Florida Limited Liability Company:

\$100.00 Filing fee for Articles of Organization \$25.00 Designation of Registered Agent

A letter of acknowledgement will be issued free of charge upon filing. Please submit an additional \$5 if a certificate of status is needed. The fee for a certified copy is \$30. Please send one check for the total amount made payable to the Florida Department of State.

FROM: Michael Detore

Name (Printed or typed)

Po. Box 16773

Address

Plantation, Florada 33318

City, State & Zip

772 879-7169

Daytime Telephone number

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Mantua Street L.C.C.	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Mailind Address: P.O. Box 16773 Plantation Florida 33318	-
Street Address: 2552 Calder Street Port St. Lucie, Florida 34953 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:	
The name and the Florida street address of the registered agent are:	
Michael Detore	
Name	
* \\	
2552 Calder Street Port St. Lucie, Florida 34953	
Florida street address (P.O. Box NOT acceptable)	
Port St. Lucie, Florida FL 34953	
City, State, and 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 608, F.S. 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 in an effective date is requested)	
May un	
Signature of a member or an authorized representative of a member.	Acap
(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.)	3
AND A STATE WAS A STATE OF A STAT	1 :

Filing Fees:

Michael Detone
Typed or printed name of signee

\$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)