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(Requestor's Name) (Address) (Address)	300047119713
(City/State/Zip/Phone #)	03/01/0501024026 **125.00
(Business Entity Name) (Document Number)	
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### TRANSMITTAL LETTER

TO: **Registration Section Division of Corporations** 

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SUBJECT: MAILE HOLDINGS, LLC

(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

**Cammie Warburton** 

(Name of Person)

Nevada Corporate Center, Inc.

(Firm/Company)

2248 Meridian Boulevard, Suite H

(Address)

Minden, Nevada 89423

(City/State and Zip Code)

at (\_

For further information concerning this matter, please call:

**Cammie Warburton** 

(Name of Person)

775 284-7162 (Area Code & Daytime Telephone Number)

STREET ADDRESS: **Registration Section** Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS: **Registration Section** Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314



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# **ARTICLES OF ORGANIZATION** FOR FLORIDA LIMITED LIABILITY COMPANY

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#### **ARTICLE I - Name:**

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The name of the Limited Liability Company is:

MAILE HOLDINGS, 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:
4320 NORTHERN DANCER WAY	
ORLANDO, FL 32826	

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:

KAREN MALLER					
	Name		· ··· •		-
One Progress Plaz	a, Suite 1210				
Florida street	address (P.O. Box NOT accepta	ible)			
St. Petersburg	FLORIDA <sup>S</sup>	33731	TAL	0	
	City, State, and Zip		LCR		
Having been named as registered agent and to company at the place designated in this certific	ate, I hereby accept the app	oointment as reg	istered <sup>e</sup> agen	t and	
agree to act in this capacity. I further agree to c and complete performance of my duties, and I registered agent as provid		t the obligations			
Kare	ME. Mal	Var.		40	
Regist	ered Agent's Signature	<u> </u>			
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Page 1 of 2 (CONTINUED)

## **ARTICLE IV- Manager(s) or Managing Member(s):**

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The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager	Name and Address:	
"MGRM" = Managing Member		
MGR	Mark Guittap	÷
	2248 Meridian Boulevard, Suite H	-
	Minden, Nevada 89423	-
MGR	Romelle B. Guittap	÷
	2248 Meridian Boulevard, Suite H	<u>_</u>
	Minden, Nevada 89423	· -
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(Use attachment if necessary)		· ·

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:	ť			
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.)			05 MAR -	
Mark Guittap Typed or printed name of signee	:	SEE FLOF	PH 2	
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)		NDA NDA	<u>n.</u>	Ŭ