

L05000092417

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

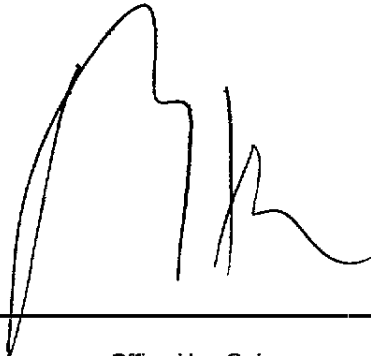
MAIL

(Business Entity Name)

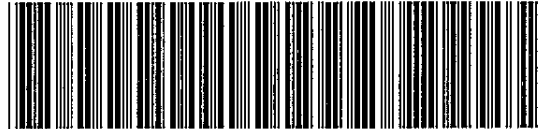
(Document Number)

Certified Copies _____ Certificates of Status _____

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09/20/05--01002--011 **125.00

FILED

05 SEP 20 AM 8:21

STATE
TALLAHASSEE, FLORIDA

RECEIVED

05 SEP 20 AM 9:25

STATE
TALLAHASSEE, FLORIDA

CAPITAL CONNECTION, INC.

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

MHN Limited LLC

FILED
05 SEP 20 AM 8:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- ☐ 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
- ☐ Fictitious Owner Search
- ☐ Vehicle Search
- ☐ Driving Record
- ☐ UCC 1 or 3 File
- ☐ UCC 11 Search
- ☐ UCC 11 Retrieval
- ☐ Courier

Signature

Requested by:

SP 9/20/05 8:43
Name Date Time

Walk-In

Will Pick Up



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

September 20, 2005

CAPITAL CONNECTION

TALLAHASSEE, FL

SUBJECT: MHN LIMITED LLC
Ref. Number: W05000043579

RE-SUBMIT
PLEASE OBTAIN THE ORIGINAL
FILE DATE

FILED
05 SEP 20 AM 8:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for MHN LIMITED LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have **RETAINED** your \$125.00 payment.

You cannot use "LIMITED LLC" as a suffix. You can drop the "LIMITED" and just use "LLC". Or you can drop the "LLC" and use the suffix "LIMITED COMPANY" or "LIMITED LIABILITY COMPANY."

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr
Document Specialist

Letter Number: 405A00057609

RE-SUBMIT
PLEASE OBTAIN THE ORIGINAL
FILE DATE

RECEIVED
05 SEP 20 PM 4:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

FILED
05 SEP 20 AM 8:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

MHN LLC —

ARTICLE II - Address:

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

Principal Office Address:

2446 SW 13TH TERRACE
PALM CITY, FL 34990

Mailing Address:

2446 SW 13TH TERRACE
PALM CITY, FL 34990

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

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

**MICHAEL HENRY NIELSEN
2446 SW 13TH TERRACE
PALM CITY, FL 34990**

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, Florida Statutes..


Registered Agent's Signature

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name & Address:

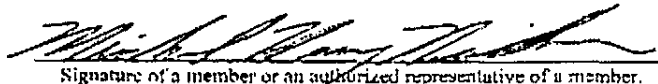
MANAGER:

MICHAEL HENRY NIELSEN
2446 SW 13TH TERRACE
PALM CITY, FL 34990

(Use attachment if necessary)

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

REQUIRED SIGNATURE:


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.)

Michael Henry Nielsen
Typed or printed name of signer

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)