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(Re	equestor's Name)	
(Ac	ldress)	
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(Cit	ty/State/Zip/Phoni	e #)
PICK-UP	☐ WAIT	MAIL
		
(5)		
(Bu	isiness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO: Registration Se Division of Cor			
	=	/, ,	
SUBJECT:	Mentro's Co	NStruction (LLC) d Liability Company)	
	(Name of Limited	d Liability Company)	
The enclosed Articles of	Organization and fee(s) are su	abmitted for filing.	
Please return all corresponden	ondence concerning this matter	r to the following:	
	1 1		
	Gordon Kr.	ntro	
	(I	Name of Person)	
	< .		
	same	Firm/Company)	
	,	i iiii company)	
	4296 TA	(Address)	
		(Address)	
	$c \mid c \mid$	(State and Zip Code)	
	Ineacs FL	3)460	
	(City/	State and Zip Code)	
For further information of	concerning this matter, please of	call:	
(Name	of Person)	at ()(Area Code & Daytime Tel	enhane Number)
(rame	ox i cibony	(Allea Code & Daytime Tel	ephone Humbery
Enclosed is a check fo	r the following amount:		
□ \$125.00 Filing Fee	☐ \$130.00 Filing Fee &	☐ \$155.00 Filing Fee &	☐ \$160.00 Filing Fee,
	Certificate of Status	Certified Copy	
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
	Mailing Address	Street/Courier Address	!
	Registration Section Division of Corporations	Registration Section Division of Corporation	s
	P.O. Box 6327	Clifton Building	u
	Tallahassee, FL 32314	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:				
(Must end with the words "Limited Liability Company, "Limited	INStruction ILC			
(Must end with the words "Limited Liability Company, "Limited	Company" or their abbreviation "LLC," of	or "L.C.,")	
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liab	oility Co	ompa	ny is:
Principal Office Address:	Mailing Address:			
4296 Thomber Rd Sneeds FL 32460	samu		-	
ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)				
The name and the Florida street address of the re	gistered agent are:			
GORDON KENT	10			
11296 Thender	Rd			
Florida street addr	ess (P.O. Box <u>NOT</u> acceptable)			
Sneads City, State, an	FL 3) 460			
Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacit all statutes relating to the proper and complete and accept the obligations of my position as reg	ccept service of process for the a is certificate, I hereby accept the y. I further agree to comply with performance of my duties, and I	e appoin In the pro I am fan	ntmen ovisio niliar	et as ons of with
Registered/Agent/Signatur	re (REQUIRED)	SEUNEI	05 NOV 16	<u> </u>
(CONTINU	JED)	ARY UT S	16 PM 3	FILED

Page 1 of 2

<u>Title:</u> "MGR" = Manag "MGRM" = Man		Name and Address:	
"MGRN"	_	Godon Rent-o 4296 Thunder Rd. Sneeds FL 32460	
(Use attachment :	• •	date of filing:	OPTIO
LE V: Effective of fective date is list or 90 days after	date, if other than the isted, the date must the date of filing.)	date of filing: (Cost be specific and cannot be more than five	
LE V: Effective of fective date is li	date, if other than the isted, the date must the date of filing.)		

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)