

Box 16

L06000025288

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

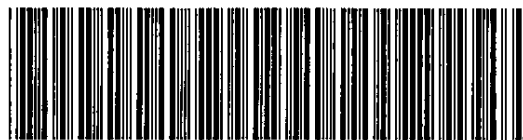
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

203/09/06

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mangonia Properties LLC
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

Frederic W. Heller

(Name of Person)

Attorney at Law

(Firm/Company)

111 Miller Avenue

(Address)

Ann Arbor, MI 48104-1338

(City/State and Zip Code)

For further information concerning this matter, please call:

Frederic W. Heller

(Name of Person)

at (734)

996-8870

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| ☐ \$125.00 Filing Fee | ☐ \$130.00 Filing Fee &
Certificate of Status | ☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | ☒ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|---|---|--|

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

FREDERIC W. HELLER

ATTORNEY AT LAW

111 MILLER AVENUE
ANN ARBOR, MICHIGAN 48104

TELEPHONE: (734) 996-8870

TELECOPIER: (734) 996-4649

Email: fwheller@concentric.net

March 7, 2006

VIA FEDERAL EXPRESS

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

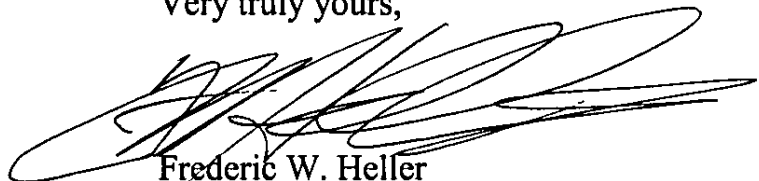
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RE: Articles of Organization for Mangonia Properties LLC

Dear Sir/Madam:

Enclosed please find Articles of Organization for "Mangonia Properties LLC", together with your standard cover letter and a check made payable to the "Florida Department of State" in the amount of \$160.00 to cover the filing fee, Certificate of Status and Certified Copy of the Articles. If there are any questions regarding these Articles, please contact the undersigned by collect telephone call at: (734) 996-8870.

Very truly yours,



Frederic W. Heller

\wdh
Enclosures (check)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Mangonia Properties LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:

1011 Fairfield Drive
Mangonia Park, FL 33407

Mailing Address:

-same

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Martin A. Dytrych

Name

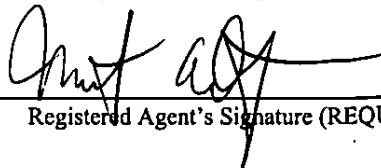
500 University Blvd., Suite 215

Florida street address (P.O. Box **NOT** acceptable)

Jupiter FL 33458

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 (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

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 and Address:

MGRM

Howard L. Wikel

111 Miller Avenue

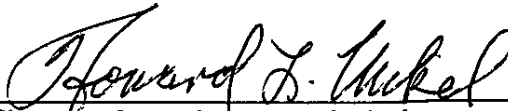
Ann Arbor, MI 48104

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

Howard L. Wikel

Typed or printed name of signee

Filing Fees:

**\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent**

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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TALLAHASSEE, FLORIDA