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DEPARTNERT L. STATE IVISION OF CORFORATION TALLAHASSEE.FLORIDA

RECEIVED

# **COVER LETTER**

TO: Registration Se Division of Co			
SUBJECT:	Mahandus (Name of Limited	Liability Company)	
The enclosed Articles o	f Organization and fee(s) are sul	bmitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
<del></del>	Donald G.	Hudspeth	
		anic of Fersony	
	· (F	irm/Company)	<del>-</del>
	49 3. Ma	MYSE Stree	SEUN ALLA
		(Address)	1 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
£.	Severly Hil	Is Florida	SS 4465
	(City/S	State and Zip Code)	
For further information	concerning this matter, please c	all:	1: 49 31211 LORIDA
Don Hu (Name	dspeth and for one of Person)	at ( <u>352</u> ) <u>460</u> (Area Code & Daytime Te	1724
`	,		, , , , , , , , , , , , , , , , , , , ,
Enclosed is a check for	or the following amount:		
\$125.00 Filing Fee	S130.00 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 Addres Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:
Mahondus, 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:

**ARTICLE I - Name:** 

# Principal Office Address: 49 S. Mouroe St. Reverly Hills Fl. 34465 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 for another, business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: | Donald G. Hudspeth | Principal Street Agent Str

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)
Page 1 of 2

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
Marm	Donald G. Hudspeth 49 S. Monroz St. Beverly Hills, F1 34465
MGRM	Thomas P. Gilbert  5943 Timber Valley Drive Lake Warth Fl
MGRM	Charles Gilbert 17001 Pickatt's Core Rd Orlando FI 32820
MGRM	Col. Luis Tibohud Cosa 26  La Lima Cortes, Hond For
(Use attachment if necessary)	SSEE.
ARTICLE V: Effective date, if other than the da (If an effective date is listed, the date must be sto or 90 days after the date of filing.)	te of filing: <u>06 \ (9 \ 07 \ (OPTIONAL)</u> pecific and cannot be more than five business days prior

## **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.)

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)

## 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	Joseph C.D. 1985 Bushy F Tollchougee	orn hill Fl	33	<u>-</u> 23 69	
		·			_ _ _	
A DŒI	(Use attachment if necessary)		SEUREI	07 JUNE	  10NAL)	
(If an o	CLE V: Effective date, if other than the date effective date is listed, the date must be sp to days after the date of filing.)  REQUIRED SIGNATURE:	e of filing:	ARE OF STATE	usines	ss days pr	io
	Signature of a member or	an authorized representative of a r	 nember.			
(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.)  Typed or printed name of signee						
	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)