

LV90000 93149

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

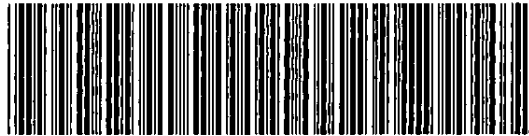
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DIVISION OF CORPORATIONS
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B. KOHR

SEP 29 2009

EXAMINER

Norman Cullen
Po Box 523
Ozona, FL 34660
September 22, 2009

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

To whom it may concern;

The above is my mailing address. My phone number is 727-365-6313 if you need to reach me.

Thank You,

Norman Cullen

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mallory Sunset 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:

Norman Cullen

Name of Person

na

Firm/Company

Po Box 523

Address

Ozona, FL 34660

City/State and Zip Code

norm.cullen1@verizon.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Norman Cullen

Name of Person

at (

727

)

365-6313

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Mallory Sunset L.L.C.

(Must end with the words "Limited Liability Company," "L.L.C.," or "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:

Norman Cullen
346 Bay St.
Palm Harbor, FL 34683

Norman Cullen
Po Box 523
Ozona, FL 34660

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:

Norman Cullen

Name

346 Bay St.

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

Palm Harbor, FL 34683 FL

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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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:

Norman Cullen MGR

Norman Cullen

Po Box 523

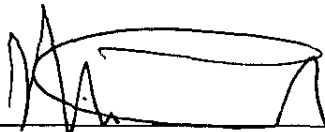
Ozona, FL 34660

(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.)

Norman Cullen

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)