

L10000021447

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

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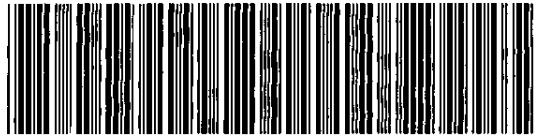
Heslie Ketchel case

AUTHORIZATION BY PHONE TO

CORRECT eff date

DATE 02/25/10 @ 12:04 pm

DOC. EXAM J. Bryan



300168435563

Effective Date 02/17/10

02/24/10--01028--016 \*\*160.00

FILED  
10 FEB 24 PM 1:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

FEB 25 2009

EXAMINER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: MOBILE HOME RETIREMENT AND TITLE SERVICES, 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:

**LESLIE KETCHEL**  
Name of Person

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**MOBILE HOME RETIREMENT AND TITLE SERVICES, LLC**  
Firm/Company

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**PO BOX 445**  
Address

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**LACROSSE, FLORIDA 32658**  
City/State and Zip Code

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**leslieah1900@yahoo.com**  
E-mail address: (to be used for future annual report notification)

10 FEB 24 PM 1:00  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
**FILED**

For further information concerning this matter, please call:

**LESLIE KETCHEL** at ( **352** ) **231-1078**  
Name of Person 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

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

**FILED**  
FEB 24 PM 1:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

MOBILE HOME RETIREMENT AND TITLE SERVICES, LLC.

(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:**

14865 SW 92 WAY  
LAKE BUTLER, FL 32054

PO BOX 445  
LACROSSE, FLORIDA 32658

**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:

Effective Date 02/17/10

LESLIE KETCHEL

Name

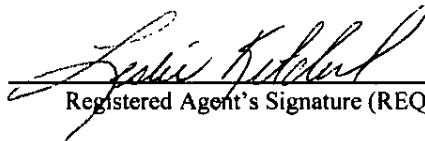
14865 SW 92 WAY, LAKE BUTLER

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

LAKE BUTLER FL 32054

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)

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

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

FILED  
10 FEB 24 PM 1:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Title:**  
"MGR" = Manager  
"MGRM" = Managing Member

**Name and Address:**

MGR

LESLIE KETCHEL  
PO BOX 445  
LACROSSE, FLORIDA 32658

\_\_\_\_\_

14805 SW 92 WAY  
LAKE BUTLER, FL 32054

\_\_\_\_\_

\_\_\_\_\_

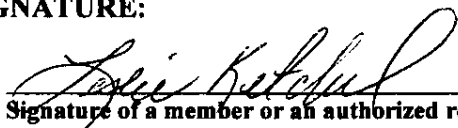
\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: FEB. 17, 2010 (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.)

LESLIE KETCHEL  
\_\_\_\_\_  
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)