## L11000023128

(Re	equestor's Name)	-
(Ad	idress)	
	•	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	e #)
<b>\-</b>	,	- ·· <b>,</b>
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	·
,	,	
Certified Copies	Certificates	of Status
Cettilled Copies	_ Certificates	S O Status
Special Instructions to	Filing Officer:	

Office Use Only



300195346403

02/24/11--01004--001 \*\*480.00

## **COVER LETTER**

Registration Section

TO:

Division of Corp	orations		
			_
SUBJECT:	MANOR A	d Liability Company	
	Name of Limit	ed Liability Company	
The enclosed Articles of C	Organization and fee(s) are	submitted for filing.	,
Please return all correspor	dence concerning this matt	er to the following:	
	PAUL.	34RATTINI Name of Person	
	,	Name of Person	
	4444	4,	, _
	MANOR	AUCTIONS L Firm/Company	- <b>/- /-</b> .
		· ······· company	
	1500 APA	LACHEE PKV	VV #2450
	77 77	LACHEE PKV	
			TAS 1
	TALLAHA:	SSEE FL 323 y/State and Zip Code	0/ 50
	City	y/State and Zip Code	经 图 型
	gold buyen	Or future annual report notification)	23 T
	E-mail address: (to be used t	or future annual report notification)	M
For further information co	ncerning this matter, please	e call:	
			W ( 5 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
PAUL L	BARATTINI	at ( <u>850</u> ) <u>567 –</u> Area Code & Daytime Telep	465 35 W
Name of	Person	Area Code & Daytime Telep	shone Number 🤝
Enclosed is a check for	the following amount:		
\$125.00 Filing Fee			\$160.00 Filing Fee,
	Certificate of Status	Certified Copy	Certificate of Status &
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
			•••
	Mailing Address	Street/Courier Address	
	Registration Section	Registration Section	
	Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building	
	Tallahassee, FL 32314	2661 Executive Center C	ircle

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

Maxing Auction 5 LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")				
ARTICLE II - Address:				
	ne principal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
1500 APALACHEE PXWY.	1500 APALACHEE PKWY #2450 TALLAHASSEE FL 3230)			
<del>- 2450</del>	77450			
TALLAHASSEE FL 32301	TALLAHA55EE, FL 3230)			
ARTICLE III - Registered Agent, Regist	ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual of Apother			
ARTICLE III - Registered Agent, Regist (The Limited Liability Company cannot serve as its own l	ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual of mother the registered agent are:			
ARTICLE III - Registered Agent, Regist (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)  The name and the Florida street address of the company cannot serve as its own business entity with an active Florida registration.)	ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual protection the registered agent are:  940477101 Jame			
ARTICLE III - Registered Agent, Regist (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)  The name and the Florida street address of the company cannot serve as its own business entity with an active Florida registration.)	ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual reporter the registered agent are:			

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)

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGRM	PAUL BARATTINI 1500 APALACHEE PKWY # 24
	TALLAHASSEE, FL 32301
MGRM	MALCOLM MASON
	MALCOLM MASON 1500 APALA CHEE PKWY #245 TALLAHASSEE FL 32301
MGRM	BILL CONROY
	BILL CONROY  935 N. BENEYA RD. #609  SARASOTA, FL 34232
(Use attachment if necessary)	
LE V: Effective date, if other tha	n the date of filing: (OPTIONAL)
ffective date is listed, the date m days after the date of filing.)	ust be specific and cannot be more than five business days pr
REQUIRED SIGNATURE:	
RREILIRBII SICINA LIIRB.	
REQUIRED SIGNATURE.	

I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

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)