

L110000 107668

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

(Business Entity Name)

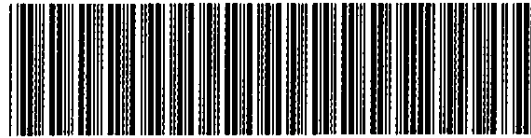
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1. Mint 5111, LLC  
(CORPORATE NAME AND DOCUMENT #)

2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**MINT 5111, LLC**

**ARTICLE II - Address:**

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

**Principal Office Address:**

4801 SE 11<sup>th</sup> Avenue  
Ocala FL 34480

**Mailing Address:**

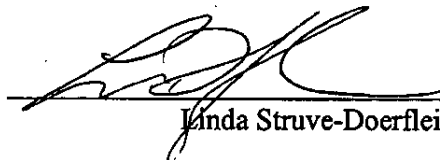
4801 SE 11<sup>th</sup> Avenue  
Ocala FL 34480

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

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

Linda Struve-Doerflein  
4801 SE 11<sup>th</sup> Avenue  
Ocala FL 34480

*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, Florida Statutes.*

  
Linda Struve-Doerflein

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

The name and address of the Managers are as follows:

**Title:**

**Name and Address:**

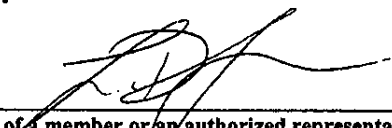
"MGR"

Linda Struve-Doerflein  
4801 SE 11<sup>th</sup> Avenue  
Ocala, FL 34480

"MGR"

Michael Doerflein  
4801 SE 11<sup>th</sup> Avenue  
Ocala, FL 34480

**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.)

\_\_\_\_\_  
Linda Struve-Doerflein  
Typed or printed name of signee