

L1200008/136

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

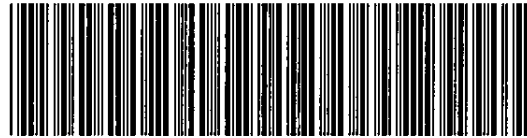
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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100236489331

Effective Date 06/15/12

06/18/12--01022--003 \*\*160.00

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TALLAHASSEE, FLORIDA

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J. BRYAN

JUN 19 2012

EXAMINER

Mark E. Block  
Eric M. Janney  
Richard J. Pascal

Matthew J. Curtiss  
Amanda L. Sisley

**B|J|P**

Attorneys at Law

Respond to:  
138 Main Street  
Norwich, CT 06360

June 13, 2012

Division of Corporations  
Registration Section  
P. O. Box 6327  
Tallahassee, Florida 32314

**Re: The Mixed Bag Four, LLC**

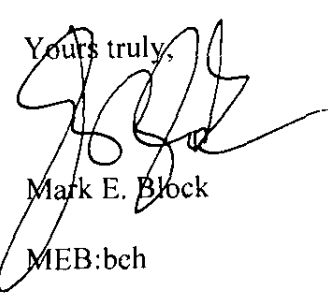
Dear Sir or Madam:

Enclosed herewith please find the following:

1. Cover Letter.
2. Articles of Organization for Florida Limited Liability Company (additional copy enclosed).

Also enclosed please find check made payable to the Florida Secretary of State in the amount of \$160 representing the Filing Fee, Certificate of Status and fee for Certified Copy. Thank you for your attention to this.

Yours truly,

  
Mark E. Block

MEB:bch

Enclosure

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TALLAHASSEE, FLORIDA

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: The Mixed Bag Four, 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:

Johnatha Gorin

Name of Person

The Mixed Bag Four, LLC

Firm/Company

49 New London Turnpike

Address

Norwich, CT 06360

City/State and Zip Code

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

For further information concerning this matter, please call:

Mark E. Block, Esquire

Name of Person

at ( 860 )

889-3855

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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TALLAHASSEE, FLORIDA

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**The Mixed Bag Four, 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:**

3736 S.E. Ocean Boulevard  
Stuart, FL 34996

**Mailing Address:**

49 New London Turnpike  
Norwich, CT 06360

**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 06/15/12

Johnatha Gorin

Name

2465 Vista DelPrado

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

Wellington

FL 33483

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:**

MGRM

Johnatha Gorin

2465 Vista Del Prado

Wellington, FL 33483

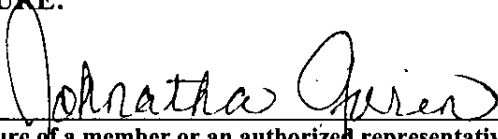
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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: June 15, 2012 (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. 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.)

Johnatha Gorin

Typed or printed name of signer

**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)**