

L 13000016386

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

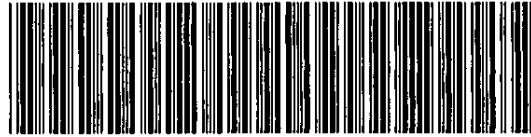
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**CHRISTOPHER P. KELLEY, P.A.**

ATTORNEY AT LAW  
11098 BISCAYNE BOULEVARD  
SUITE 205  
MIAMI, FLORIDA 33161

TELEPHONE (305) 893-6004  
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EMAIL ADDRESS  
CPKLAW@BELLSSOUTH.NET

January 24, 2013

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

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

RE: MANCINO TRUST, LLC  
(Proposed Limited Liability Company name)

Dear Sir or Madam:

Enclosed is one (1) original and one (1) copy of Articles of Organization for **MANCINO TRUST, LLC**, with my check in the amount of **\$160.00** for filing same, including:

\$100.00	Filing fee for Articles of Organization.
\$ 25.00	Designation of Registered Agent
\$ 5.00	Certificate of Status
\$ 30.00	Certified copy of Articles

I understand a letter of acknowledgment will be issued free of charge.

Very truly yours,

  
CHRISTOPHER P. KELLEY

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

**ARTICLE I  
NAME**

The name of the Limited Liability Company is:

**MANCINO TRUST LLC**

**ARTICLE II  
ADDRESS**

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

The mailing address is: 1103 Canoe Point  
Delray Beach, FL 33444

The principal office address is: 1103 Canoe Point  
Delray Beach, FL 33444

**ARTICLE III  
REGISTERED AGENT, REGISTERED OFFICE,  
& REGISTERED AGENT'S SIGNATURE**

The name and the Florida address of the Registered Agent are:

**CHRISTOPHER P. KELLEY  
11098 Biscayne Boulevard, Suite 205  
Miami, Florida 33161**

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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ARTICLE IV  
MANAGER(S) OR MANAGING MEMBER(S)

Title:

"MGR" = Manager

"MGRM" = Managing Member

"MBR" = Member

Name and Address:

MGRM

CAROL MOTSINGER  
1103 Canoe Point  
Delray Beach, FL 33444

MBR

KATHLEEN CAGANICH  
6233 West Behrend Drive, #1034  
Glendale, AZ 85308

MBR

HUMANE SOCIETY OF GREATER MIAMI, DADE COUNTY  
SOCIETY FOR PREVENTION OF CRUELTY TO ANIMALS  
AND ADOPT A PET, INC.  
16101 W. Dixie Highway  
North Miami Beach, FL 33162

ARTICLE V  
EFFECTIVE DATE  
(Optional)

Effective date, if other than the date of filing: **JANUARY 1, 2013.**

(If an effective date is listed, the date must be specific and cannot be more than five [5] 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 are true.)

CAROL MOTSINGER

Typed or printed name of signee

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