

L130000063247

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

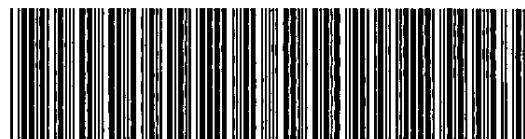
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/29/13--01037--029 **130.00

EFFECTIVE DATE 04.22.13

2013 APR 29 PM 3:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

B. BOSTICK

APR 30 2013

EXAMINER

(850) 245-6051.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **Mangrove 706 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:

Danny Mitchell

Name of Person

Firm/Company

P.O. Box 706

Address

Chokoloskee, FL 34138

City/State and Zip Code

hazelmitchell49@hotmail.com

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

For further information concerning this matter, please call:

Hazel Mitchell

Name of Person

at **239 6954566**

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Mangrove 706 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:

1227 Mangrove Lane Unit B

Chokoloskee, FL 34138

Mailing Address:

P. O. Box 706

Chokoloskee, FL 34138

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:

Danny Mitchell

Name

1227 Mangrove Lane Unit B

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

Chokoloskee, FL 34138

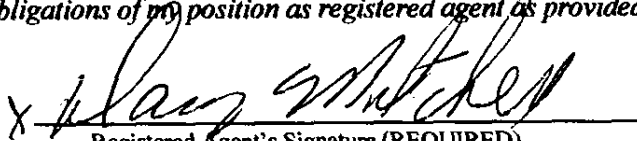
City, State, and Zip

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TALLAHASSEE, FLORIDA

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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)

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

Danny Mitchell

P. O. Box 706 - 1227 Mangrove Lane Unit B

Chokoloskee, FL 34138

MGRM

Hazel Mitchell

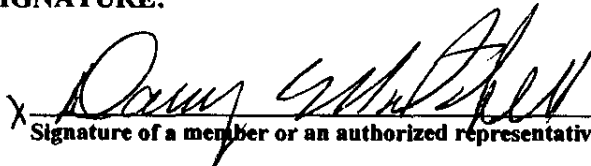
P. O. Box 706 - 1227 Mangrove Lane Unit B

Chokoloskee, FL 34138

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: April 22, 2013. (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:

X 

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.)

Danny Mitchell

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)

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CLERK OF STATE
TALLAHASSEE, FLORIDA