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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Division of Corporations

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: (850)617-6383

From:

Account Name

: MIZELL LAW FIRM, P.A.

Account Number : 120060000056

Phone Fax Number

(941)575-9291 ; (941)575-9296

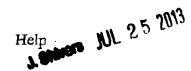
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FLORIDA LIMITED LIABILITY CO. MNK Homes, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu



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ARTICLES OF ORGANIZATION

OF

MNK HOMES, LLC

Pursuant to Section 608.407, Florida Statutes, these Articles of Organization for a limited liability company provide that:

ARTICLE I - NAME

The name of the limited liability company is MNK HOMES, LLC

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the limited liability company is 9285 Galaxie Circle, Port Charlotte, FL 33981.

ARTICLE III - REGISTERED AGENT

The name and street address of the initial registered agent for service of process is KRISTINA A. MULHOLLAND, 9285 Galaxie Circle, Port Charlotte, FL 3398 €

ARTICLE IV - MANAGEMENT

The Company shall be a member managed company.

ARTICLE V - DURATION

The duration of this Company shall be perpetual.

ARTICLE VI - PURPOSE

The purpose for which this Company is formed is to engage in any lawful acts or activities for which limited liability companies may be formed under Section 608.403 of the Florida Statutes.

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IN WITNESS WHEREOF, the undersigned, has hereunto subscribed their names and affixed their seal this ___/5 day of

Witnesses:

Managing Member

Print Name:

STATE OF FLORIDA: COUNTY OF CHARLOTTE:

I HEREBY CERTIFY that on this day, before me, a Notary Public duly authorized in the State and County named above to take acknowledgment, personally appeared KRISTINA A. MULHOLLAND, to me known to be the person described as a Managing Member, and who executed the foregoing Articles of Organization, and she acknowledged that she executed the same for the purposes therein stated and did not take an oath.

WITNESS my hand and official seal in the State and County aforesaid this ___, 2013.

Katharine W. Payne

Notary Public - State of Florida Commission No.: EE089743

My Commission Expires: May 1, 2015

EXPIRES: May 1, 2015

KATHARINE W. PAYNE MY COMMISSION # EE 089743

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IN WITNESS WHEREOF, the under and affixed their seal this <u></u>	rsigned, has hereunto subscribed their names
Print Name: Pur BARRENTES	MICHAELP, HOWELLS, Managing Member
STATE OF FLORIDA: COUNTY OF CHARLOTTE: HURDOCONAN DELL	

the same for the purposes therein stated and did not take an oath.

WITNESS my hand and official seal in the State and County aforesaid this

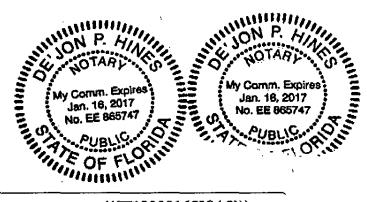
I HEREBY CERTIFY that on this day, before me, a Notary Public duly authorized in the State and County named above to take acknowledgment, personally appeared MICHAEL P. HOWELLS to me known to be the person described as a Managing Member, and who executed the foregoing Articles of Organization, and he acknowledged that he executed

Printed Name: De Jon? Hines Notary Public

State of Florida

Commission Number £685747

Commission Expiration Date 01-16-17



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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA:

- The name of the limited liability company is MNK HOMES, LLC
- 2. The name and address of the registered agent and office is:

KRISTINA A. MULHOLLAND, 9285 Galaxie Circle, Port Charlotte, FL 33981

Having been named as registered agent and to accept service of process for the abovestated 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.

KEISTINA A MILLEOLIAND

Dated: 7-15-13

TALLAHASSEE FLORIE,