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D. BRUCE

# **COVER LETTER**

Division of Co	orporations			
subject: Man	sfield Project I	Management LL ed Liability Company	<u>C.</u>	
The enclosed Articles o	f Organization and fee(s) are s	submitted for filing.		
Please return all corresp	ondence concerning this matt	er to the following:		
Robert	Mansfield	Name of Person		
Mansfiel	d Project Manag	sement LLC Firm/Company		
11973 P	alba Way #63	Address		•
Fort My	vers, FL. 33°	y/State and Zip Code	- 2 <u>1</u>	
Mansfiel	Project Manage E-mail address: (to be used f	y/State and Zip Code  you was Comporture annual report notification)		**** • • • • • • • • • • • • • • • • • •
For further information	concerning this matter, please	call:	3355 7.837 1.81	\$ 17
Robert Mans Name	field of Person	at (239 ) 204 - 99 Area Code & Daytime Tele		
Enclosed is a check for	or the following amount:			
□\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status &	)
	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 C		

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	R	T	IC	LE	I	_ ]	Na	me	:
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The name of the Limited Liability Company is:

Mansfield Project Management LLC.

(Must end with the words "Limited Liability Company, "L.L.C.," or "L.L.C.," or "L.L.C.,"

### **ARTICLE II - Address:**

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

Principal Office Address:

Mailing Address:

11973 Palba Way #6302

Fort Myers, FL. 33912

Fort Myers, FL. 33912

ARTICLE HI - 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:

Robert A. Mansfield JK.

Name

11973 Palba Way #6302

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

FORT Myers FL 339/2

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 Agentus Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Robert A. Mansfield Jr. 11973 Palbalday #6302 FORT Myers FC. 33912
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than (If an effective date is listed, the date is prior to or 90 days after the date of filing	n the date of filing: (OPTIONAL) nust be specific and cannot be more than five business days g.)
REQUIRED SIGNATURE:	ember or an authorized representative of a member.
(In accordance with section	n 608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true.

(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.)

Robert A. Mansfield JR

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)