## 114000016879

(Re	equestor's Name)	<u>.                                    </u>
(Ad	ldress)	
(Ac	ldress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
<b>(</b> Bu	siness Entity Nar	me)
(Do	cument Number)	-"
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only

EFFECTIVE DATE D1/20/14



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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Drooli Mammoth, 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:	
Teresa Newman	
Name of Person	
Drooli Mammoth, LLC	
Firm/Company	
1675 Hibiscus Avenue	
""	
Winter Park, Florida 32789	T274
City/state and Zip Code	J
droolimammoth@gmail.com	
E-mail address: (to be used for future annual report notification)	٠.,
For further information concerning this matter, please call:	
Teresa Newman 407 7825633	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\ \times Certificate of Status \\ \text{(additional copy is enclosed)} \\ \text{S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \\ \text{Certified Copy (additional copy is enclosed)} \\ Certified Copy (additional copy	
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Drooli Mammoth, LLC			
(Must	end with the words "Lin	nited Liability Company, "L.L.C.,"	or "LLC.")
ARTICLE II - Address:			
The mailing address and str	eet address of the princip	oal office of the Limited Liability C	Company is:
Principal Office Address:	<u>.</u>	Sailing Address:	
1675 Hibiscus Avenue		1675 Hibiscus Avenue	
Winter Park		Winter Park	
Florida, 32789		Florida, 32789	
Tore	rea Mayman		702
Tere	ssa Newman N	ame	JAN 27 AHASSEE
	<del></del>	ame	P. P.
1675	N		7 PM 2: 7 PM 2: 7 PM 2: 7 PM 9:74
1675 Flo	N 5 Hibiscus Avenue		P. P.
1675 Flo	N 5 Hibiscus Avenue orida street address (P.O.	Box NOT acceptable)	7 PM 2: 2 Y 87 8747 XEE FLORID
Having been named as regi the place designated in t capacity. I further agree t	No Hibiscus Avenue  Drida street address (P.O.  THE PARK  City  Instered agent and to accept this certificate, I hereby a to comply with the provisional accept the comply with and accept the complexity of the complexity and accept the complexity and ac	Box NOT acceptable) FL 32789	tated limited liability composing and agree to act in the oper and complete performance.

Page 1 of 2

(CONTINUED)

01/20/14

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	Tanaa Naumon
AMBR	Teresa Newman
	1675 Hibiscus Avenue
	Winter Park, Florida 32789
AMBR	Hilary Marx
	1600 Huron Trail
	Maitland, Florida 32751
AMBR	Toni Baker
AMBR	634 Lake Shore Drive
	Maittand, Florida 32751
E V: Effective date, if other than the ctive date is listed, the date must	ne date of filing: January 20, 2014 (OPTIONAL) t be specific and cannot be more than five business days prior to or 9
EV: Effective date, if other than the ctive date is listed, the date must filling.)	
E V: Effective date, if other than to ctive date is listed, the date mus filling.) E VI: Other provisions, if any.	
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E V: Effective date, if other than to ctive date is listed, the date must filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of (In accordance with seconstitutes an affirm I am aware that any in the constitutes are signature.)	t be specific and cannot be more than five business days prior to or 9
E V: Effective date, if other than to ctive date is listed, the date must filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of the constitutes an affirm I am aware that any constitutes a third de	f a member or an authorized representative of a member. ection 605.0203 (1) (b), Florida Statutes, the execution of this documentation under the penalties of perjury that the facts stated herein are true. False information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.)
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ARTICLE IV-