

L1400004F2SS

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

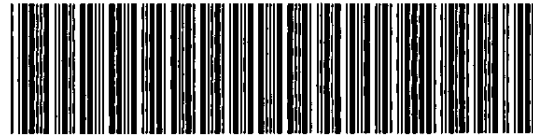
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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RECEIVED
FEB 03 2013
14 JAN 30 14 10 45
TALLAHASSEE, FLORIDA

J. Shivers FEB 03 2013

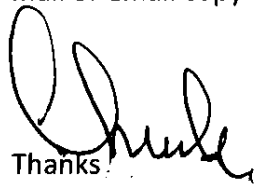
1/25/2014

Charles Blinne
MR5works
2239 Louis Mills Blvd
Savannah, GA 31405
Mr5works@earthlink.net
9912-507-5367

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Registration

Enclosed please find a check in the amount of \$130.00 for the filing and registration fees. Please mail or email copy of the certificate to the above address.



Thanks
Chuck Blinne

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MR5works 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:

Charles J. Blinne

Name of Person

MR5works LLC

Firm/Company

437 North Halifax Unit 2

Address

Daytona Beach, FL 32118

City/State and Zip Code

mr5works@earthlink.net

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

For further information concerning this matter, please call:

Charles Blinne

Name of Person

at (**912**) **507-5367**

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MR5works 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:

Mailing Address:

437 N Halifax Unit 2
Daytona Beach, FL 32118

437 N Halifax Unit 2
Daytona Beach, FL 32118

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:

Charles J Blinne

Name

437 North Halifax Unit 2,

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

Daytona Beach

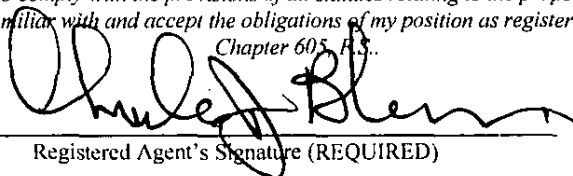
FL 32118

City

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 605, F.S.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Charles J Blinne

437 N Halifax Unit 2

Daytona Beach, FL 32118

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.)

ARTICLE VI: Other provisions, if any.

Purpose of business is to conduct any type of legal business

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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.)

Charles J Blinne

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)