

L14000071418

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

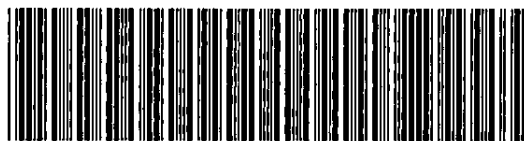
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/30/14--01024--008 **125.00

FILED
14 APR 30 PM 10:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 02 2014

S. YOUNG

April 28, 2014

Department of State

Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

FILED
14 APR 30 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dear Department:

It has come to our attention that the annual report of Mansion Park LLC Document Number L11000100005 was not renewed on the annual renewal.

As the owner of this LLC, I would like to release the above document number at this time.

Further I have enclosed newly formed articles that I would ask the state to process at this time.

Thanking you in advance for your prompt attention to these matters.

Sincerely,



Naomi Babbin

Managing Member

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Mansion Park 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:

Naomi Babbin
Name of Person

Firm/Company

709 Cape Coral Parkway W
Address

Cape Coral FL 33914
City/State and Zip Code

kathleen@cfs.us
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lawrence Swan at (239) 540-2612
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

FILED
14 APR 30 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Mansion Park L.L.C.

(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:

709 Cape Coral Parkway W

Same

Cape Coral, FL 33914

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:

Lawrence Swan

Name

709 Cape Coral Parkway W

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

Cape Coral

FL 33914

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)

FILED
14 APR 30 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Naomi Babbin

6-6 Haim Yehil Street

Jerusalem, IS 93593 IS

AMBR

Malcolm Babbin

6-6 Haim Yehil Street

Jerusalem, IS 93593 IS

(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.

Any and all lawful business relating to real estate investments

REQUIRED SIGNATURE:

Naomi Babbin

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.)

Naomi Babbin

Typed or printed name of signer

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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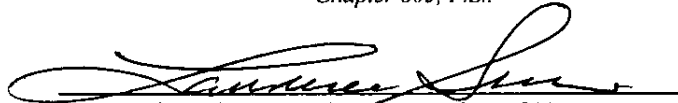
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