

L14000078427

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

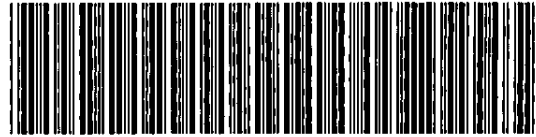
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W14-27488

Office Use Only



200259244632

04/28/14--01019--022 **130.00

FILED
2014 MAY 13 PM 4:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 14 2014

J. BRUC



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 1, 2014

HELMUT K. MEHLHORN
5224 NEFF LAKE ROAD
BROOKSVILLE, FL 34601

SUBJECT: MYSTIC MEADOWS LLC
Ref. Number: W14000027488

We have received your document for MYSTIC MEADOWS LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 814A00009309

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 MAY 13 PM 4:08

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Mystic Meadows 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:

Helmut K Mehlhorn

Name of Person

Mystic Meadows LLC

Firm/Company

5224 Neff Lake Road

Address

Brooksville, FL 34601

City/State and Zip Code

kmehlhorn@juno.com

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

For further information concerning this matter, please call:

Helmut K Mehlhorn

Name of Person

at (352) 279-9699

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

2014 MAY 13 AM 4:08
FILED
TALLAHASSEE, FL
STATE OF FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Mystic Meadows 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:

5224 Neff Lake Road
Brooksville, FL 34601

Mailing Address:

5224 Neff Lake Road
Brooksville, FL 34601

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:

Helmut K. Mehlhorn

Name

5224 Neff Lake Road

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

Brooksville

City

FL 34601

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..

Helmut K. Mehlhorn

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
2014 MAY 13 PM 4:08
CLERK 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

MGR

Name and Address:

Helmut K Mehlhorn

5224 Neff Lake Road

Brooksville, FL 34601

MGR

Rene A Mehlhorn

5224 Neff Lake Road

Brooksville, FL 34601

(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.

REQUIRED SIGNATURE:

Helmut K. Mehlhorn

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.)

Helmut K Mehlhorn

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)

2014 MAY 13 PM 4:08
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

FILED