

L15000018874

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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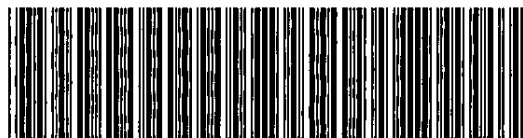
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers FEB 02 2015

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Mendoza Property Management 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:

Jennifer L. Mendoza  
Name of Person

Mendoza Property Management LLC  
Firm/Company

16514 Welannee Blvd.  
Address

Laurel Hill, FL 32567  
City/State and Zip Code

cjmet1@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer L. Mendoza at (910) 920-5532  
Name of Person 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:

Mendoza Property Management 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:

6514 Welannee Blvd.  
Laurel Hill, FL 32567

Mailing Address:

6514 Welannee Blvd  
Laurel Hill, FL 32567

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:

Jennifer L. Mendoza  
Name  
6514 Welannee Blvd  
Florida street address (P.O. Box **NOT** acceptable)  
Laurel Hill FL 32567  
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.

Jennifer L. Mendoza  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

|             |                                                                                          |
|-------------|------------------------------------------------------------------------------------------|
| <u>MGR</u>  | <u>Jennifer L. Mendoza</u><br><u>4514 Welannee Blvd.</u><br><u>Laurel Hill, FL 32567</u> |
| <u>MGR</u>  | <u>Carlos Mendoza</u><br><u>4514 Welannee Blvd.</u><br><u>Laurel Hill, FL 32567</u>      |
| <u>AMBR</u> | <u>Andrew Akers</u><br><u>1000 Patriot Lane #128</u><br><u>Crestview, FL 32539</u>       |

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 1/15/15 (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:**

Jennifer L. Mendoza

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.)

Jennifer L. Mendoza

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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