# L15000130290

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DIVISION OF CORPORATION

08/03/15

## **COVER LETTER**

TO:	<b>Registration Section</b>
	Division of Corporations

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13015Morrisbridge3, LLC
SUBJECT:

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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:

Michael F. Magnant

Name of Person

13015 Morrrisbridge3, LLC

Firm/Company

10312 Bloomingdale Ave., Ste 108 PMB 177

Address

Riverview, FLorida 33578

City/State and Zip Code

mikem@myitperson.com

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

For further information concerning this matter, please call:

Michael	Magnant at	813	784-9767
	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		iling Fee & \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	lailing Address	-	Street Address
	ew Filing Section		New Filing Section
	ivision of Corporations		Division of Corporations
	O. Box 6327		Clifton Building
Ta	allahassee, FL 32314	2	661 Executive Center Circle
		1	Fallahassee, FL 32301

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

13015MorrisBridge3, 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:
10312 Bloomingdate Ave	10312 Bloomingdale Ave
Ste 108 PMB 177	Ste 108 PMB 177
Riverview, FL 33578	Riverview, FL 33578

# 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:

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<u>Michael F. Magarnt</u> Name <u>4006 Water Park Ct.</u> Florida street address (P.O. Box <u>NOT</u> acceptable) <u>Riverview FL 33578.3033</u> City State 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/Signature (REQUIRED)

(CONTINUED)

Page 1 of 2



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

	<u>Title:</u>	Name and Address:
	"AMBR" = Authorized Member	
	"MGR" = Manager	
	MGR	Michael F. Magnant
		4006 Water Park Ct.
		Riverview. FL 33578-3038
	AMBR	Peter T. Magnant
		9651 Wanda Ct
		Mooresville, IN 46158
	AMBR	Reese M Magnant
		2714 Starwood Ct
		West Palm Beach, FL 33406
	(Use attachment if necessary)	
ARTIC	LEV: Effective date if other than the date of filin	g: (OPTIONAL)
		nd cannot be more than five business days prior to or 90 days after
	e of filing.)	
		e applicable statutory filing requirements, this date will not be listed as
	ument's effective date on the Department of State	
	·	
ARTIC	LE VI: Other provisions, if any.	

REOUIRED SIGNATURE:	
Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Stat I am aware that any false information submitted in a document to the Department of constitutes a third degree felony as provided for in s.817.155, F.S. Michael F. Maguan Typed or printed name of signer	tutes. State
Typed or printed name of signer	
<u>Filing Fees:</u> \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)	
\$ 5.00 Certificate of Status (Optional)	5 JUL 30
Page 2 of 2	30
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