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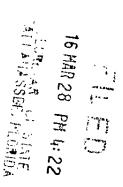
| (Re                     | equestor's Name)   |             |
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| PICK-UP                 | ☐ WAIT             | MAIL .      |
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| Certified Copies        | _ Certificates     | s of Status |
| Special Instructions to | Filing Officer:    |             |
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Office Use Only



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MAR 3/ 2016

S. GILBERT

## **COVER LETTER**

3 - - - <del>29</del>

TO:

Registration Section
Division of Corporations

| SUBJECT: MACK'S Tenders FRANCO 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:  |
| Mike Rosenberger<br>VName of Person  |
| MACK'S Tender'S FRANCO Firm/Company  |
| 12763 Clear Springs Dy   |
| JACKSONVILLO FI, 32225 City/State and Zip Code   |
| CROWN M91957 @ 9 MAIL COM  E-mail address: (to be used for future annual report notification)  |
| For further information concerning this matter, please call:   |
| M. Rosenbarg at (904) 477-6465  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 Certified Copy (additional copy is enclosed)  \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)  |
| Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle<br>Tallahassee, FL 32301 |

## ARTICL'ES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY **ARTICLE I - Name:** 16 MAR 28 PM 4:22 The name of the Limited Liability Company is:

**ARTICLE II - Address:** 

. 19

The mailing address and street address of the principal office of the Limited Liability Company is:

| Principal Office Address:                                  | Mailing Address:                       |    |
|--|--|----|
| Mike Rosenbergen<br>12763 Clean Springs D                  | 12763 Clear Springs<br>JACKSONVILLE EL | DR |
| ARTICLE III - Registered Agent, Registered Office, & Regis | tered 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:

Mike Rosenbergen 12X3 Clean Springs Dy Florida street address (P.O. Box NOT acceptable)

JAKSONVIIIO FI 32225
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.

(CONTINUED)

Page 1 of 2

| Title:   | BY B A Y B   |
|--|--|
| "ANDD" - Authorized Masses   | Name and Address:  |
| "AMBR" = Authorized Member "MGR" = Manager   |  |
| AM RP  | n.ko Rosenberca  |
| cm or  | 12763 CLONR SOUNCE DA  |
|  | JACKSONUILLO FI JUYZS  |
|  | 32225  |
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