

L16000068914

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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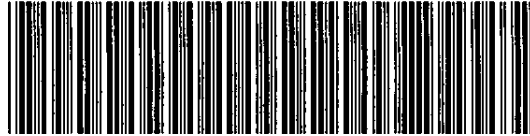
(Business Entity Name)

(Document Number)

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16 APR -8 PM 3:59  
CITY OF NEW YORK  
COUNTY OF NEW YORK

4/8/14

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SM 26 Properties 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:

Stephen Mahn  
Name of Person

Firm/Company

4801 NW 3<sup>rd</sup> Ave  
Address

Boca Raton FL 33431  
City/State and Zip Code

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

For further information concerning this matter, please call:

Stephen Mahn at (561) 465 9629  
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  
New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address  
New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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**Recipient Information**

**To: Claretha Golden**  
**Company: FL Devision of Corporations**  
**Fax #: 8502456804**



**Sender Information**

**From: Stephen Mahn**  
**Email address: themahnfamily@yahoo.com (from 50.154.217.11)**  
**Phone #: 5614659629**  
**Sent on: Friday, April 8 2016 at 9:06 AM EDT**

Att: Claretha Golden

Ref: W16000018891

From: Stephen Mahn, 4801 NW 3rd Ave, Boca Raton FL 33431

RECEIVED  
16 APR -8 AM 9:10  
SEVEN THIRTY STATE  
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 14, 2016

STEPHEN MAHN  
4801 NW 3RD AVENUE  
BOCA RATON, FL 33431

SUBJECT: MANKO PROPERTIES LLC  
Ref. Number: W16000018891

We have received your document for MANKO PROPERTIES LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your document is being returned as requested.

You must sign the complete legal name in each signature block.

Please return the corrected original and one copy of 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) 245-6052.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

Letter Number: 816A00005213

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE I - Name:

The name of the Limited Liability Company is:

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SM26 Properties 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:

4801 NW 3<sup>rd</sup> Ave  
Boca Raton FL 33431

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:

Stephen Mahn

Name

4801 NW 3<sup>rd</sup> Ave

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

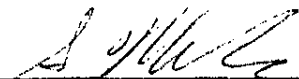
Boca Raton FL 33431

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's Signature (REQUIRED)

(CONTINUED)

**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:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

AMBR

Stephen Mahn

4801 NW 3rd Ave

Boca Raton FL 33431

\_\_\_\_\_

\_\_\_\_\_

(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.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED 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 Statutes.  
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.

Stephen Mahn

Typed or printed name of signee

**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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