

L160001SS949

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

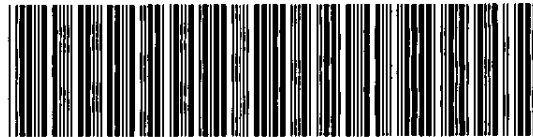
(Business Entity Name)

(Document Number)

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08/23/16--01027--002
16 AUG 23 AM 10:51
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DEPARTMENT OF STATE
16 AUG 23 AM 10:47

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MIMS M & B CONSTRUCTION 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:

MACK MIMS

Name of Person

MIMS
M & B CONSTRUCTION

Firm/Company

15330 HIDDEN FOAL DRIVE

Address

JACKSONVILLE, FLORIDA 32208 32234

City/State and Zip Code

construction@m-n-b.org

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

For further information concerning this matter, please call:

<u>Nichole Mobley</u>	<u>352</u>	<u>207-5461</u>
Name of Person	at (Area Code)	Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certificate Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certificate 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MIMS M & B CONSTRUCTION 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:

2027 RIBAUT SCENIC DRIVE
JACKSONVILLE, FLORIDA 32208

Mailing Address:

15330 HIDDEN FOAL DRIVE
JACKSONVILLE, FLORIDA 32234

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:

KEVIN L. BROWN

Name

2027 RIBAUT SCENIC DRIVE

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

JACKSONVILLE

FLORIDA

32208

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)

16 MAR 23 11:10:51
MIMS M & B CONSTRUCTION LLC

16 MAR 23 11:10:51

FILED

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:

MACK MIMS

15330 HIDDEN FOAL DRIVE

JACKSONVILLE,FLORIDA 32234

MGR

KEVIN LEVAUGHN BROWN

2027 RIBAUT SCENIC DRIVE

JACKSONVILLE,FLORIDA 32208

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 08/19/2016 (OPTIONAL)

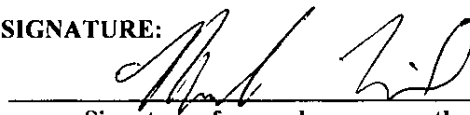
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.

All surplus and profits are to be split equally between both managers Mack Mims and Kevin L.Brown. And all expenses of the day to day running of the LLC are to be taken out of the surplus and/or profits before the Managers get any of the surplus and/or profits

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.

MACK MIMS

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)