## 24606

(Requ	uestor's Name)	
(Addı	ress)	
- Lobby	ress)	
(City/	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Na	me)
(Doc	ument Number)	)
Certified Copies	Certificate	s of Status
Special Instructions to Fi	iling Officer:	

Office Use Only



400295104074

02/08/17--01021--001 \*\*130.00

## COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Masany 2 LL C. 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:
Davey Mancill Name of Person
<u>Firm/Company</u>
2474 N Perry St Address
Loestville FL 32464  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S125.00 Filing Fee & S130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)  S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing Address New Filing Section
New Filing Section New Filing Section Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building
Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ART	ICI	ÆΙ	- N	ame:
-----	-----	----	-----	------

The name of the Limited Liability Company is:

(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:
2474 N Piczy St Westville FL 32444	474 N Perry St westville FC 32464

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:

Devey Mane; | Name

2474 N Perry St

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

Westwille FL 32464

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)

Page 1 of 2

17 FEB -8 PH 2: 12

We attachment if necessary)  Signature of a member or an authorized representative of a member. This document of a nember 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.  Dawy Mancill  Typed or printed name of signee  Filing Fees:  S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
Description of State information submitted 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.    Description   Department of State   Department of St		
We have the second of the state		
We have the second of the state	y unit	
We stray of the feet of the state of filing:    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.    Signature of a member of state of the second of the secon		
Use attachment if necessary)  V: Effective date, if other than the date of filing:	m GR	Duvey Marcill 2474 In Perry st Wester 10 FG 782464
Use attachment if necessary)  V: Effective date, if other than the date of filing:	MBR	2474 N Perry St
V: Effective date, if other than the date of filing:		10 651711116
V: Effective date, if other than the date of filing:		
V: Effective date, if other than the date of filing:		
tive date is listed, the date must be specific and cannot be more than five business days prior to or 9 filing.)  ne date inserted in this block does not meet the applicable statutory filing requirements, this date will no ent's effective date on the Department of State's records.  VI: Other provisions, if any.  EOUIRED 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.  Typed or printed name of signee  Filing Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	Jse attachment if necessary)	,
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.  Typed or printed name of signee  Filing Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	ctive date is listed, the date must be spe filing.)	ecific and cannot be more than five business days prior to or 90
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.  Typed or printed name of signee  Filing Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	ctive date is listed, the date must be sport filing.) The date inserted in this block does not not only seffective date on the Department	ecific and cannot be more than five business days prior to or 90 neet the applicable statutory filing requirements, this date will not
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.  Typed or printed name of signee  Filing Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	ctive date is listed, the date must be specifiling.)  the date inserted in this block does not not only a effective date on the Department	ecific and cannot be more than five business days prior to or 90 neet the applicable statutory filing requirements, this date will not
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.  Typed or printed name of signee  Filing Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	ctive date is listed, the date must be specifiling.) the date inserted in this block does not not entry effective date on the Department at VI: Other provisions, if any.	ecific and cannot be more than five business days prior to or 90 neet the applicable statutory filing requirements, this date will not
Typed or printed name of signec  Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	etive date is listed, the date must be specifiling.) the date inserted in this block does not not need in the Department of VI: Other provisions, if any.  REQUIRED SIGNATURE:	pecific and cannot be more than five business days prior to or 90 meet the applicable statutory filing requirements, this date will not of State's records.
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	ctive date is listed, the date must be specifiling.)  the date inserted in this block does not not next's effective date on the Department of the CVI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a me This document is execut I am aware that any false	pecific and cannot be more than five business days prior to or 90 meet the applicable statutory filing requirements, this date will not of State's records.  The period of the applicable statutory filing requirements, this date will not of State's records.  The period of the applicable statutory filing requirements, this date will not of State of State applicable and statutory filing requirements, this date will not of State of State applicable statutory filing requirements, this date will not of State of State applicable statutory filing requirements, this date will not of State of State applicable statutory filing requirements, this date will not of State of State applicable statutory filing requirements, this date will not of State of State applicable statutory filing requirements, this date will not of State of State applicable statutory filing requirements, this date will not of State o
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	ctive date is listed, the date must be specifiling.) he date inserted in this block does not need a seffective date on the Department c.VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a me This document is execut I am aware that any false constitutes a third degree	ecific and cannot be more than five business days prior to or 90 meet the applicable statutory filing requirements, this date will not of State's records.  Simber or an authorized representative of a member, led in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State is felony as provided for in s.817.155, F.S.
	ctive date is listed, the date must be specifiling.) he date inserted in this block does not need a seffective date on the Department c.VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a me This document is execut I am aware that any false constitutes a third degree	pecific and cannot be more than five business days prior to or 90 meet the applicable statutory filing requirements, this date will not of State's records.  Typed or printed name of signee
\$ 5.00 Certificate of Status (Optional)	ctive date is listed, the date must be specifiling.) the date inserted in this block does not ment's effective date on the Department EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a me This document is execut I am aware that any false constitutes a third degree  constitutes a third degree  \$125.00 Filing Fee for Articles of Or \$ 30.00 Certified Copy (Optional)	meet the applicable statutory filing requirements, this date will not of State's records.  The most of State's records.  The most of an authorized representative of a member.  The most of an authorized representative of a member.  The most of the description of the department of State of the department of the department of State of the department of the departm

ARTICLE IV-

Page 2 of 2