

L17000176613

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

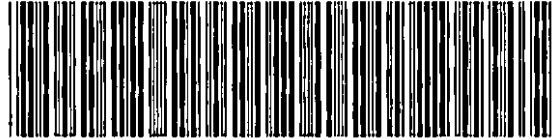
(Business Entity Name)

(Document Number)

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17 AUG 17 AM 8:09
SECRETARY OF STATE
TALLAHASSEE FLORIDA

8/18/17

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: MAMMOTH EXECUTIVE PROTECTION, 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:

CARLTON FALCONER

Name of Person

MAMMOTH EXECUTIVE PROTECTION, LLC.

Firm/Company

29070 NW 19TH ST #201

Address

FORT LAUDERDALE FL 33311

City/State and Zip Code

MAMMOTHEXECUTIVEPROTECTION@GMAIL.COM

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

For further information concerning this matter, please call:

CARLTON FALCONER

954

681-7503

at (_____) _____

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 14, 2017

CARLTON FALCONER
2970 NW 19TH STREET, STE 201
LAUDERHILL, FL 33311

SUBJECT: MAMMOTH EXECUTIVE PROTECTION, LLC.
Ref. Number: W17000058284

RECEIVED
17 AUG 17 PM 4:42
SUNBIZ
INFORMATION SERVICES

We have received your document for MAMMOTH EXECUTIVE PROTECTION, 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):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

Please return 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.

Neysa Culligan
Regulatory Specialist II

Letter Number: 717A00014274

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MAMMOTH EXECUTIVE PROTECTION, LLC.

(Must contain 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:

2970 NW 19TH ST #201
FT LAUDERDALE FL 33311

Mailing Address:

2970 NW 19TH ST #201
FT LAUDERDALE FL 33311

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:

EDWARD L. HAYNES

Name

7121 ALHAMBRA BLVD

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

MIRAMAR FL 33023

City

State

Zip

FILED
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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..

Edward Haynes
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

AMBR

Name and Address:

CARLTON FALCONER

2970 NW 19TH ST #201

FORT LAUDERDALE, FL 33311

MGR

DAMIAN FORTNER

801 NW 167TH TERRANCE

MIAMI FL. 33169

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: JULY 14, 2017. (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.

N/A

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.

CARLTON FALCONER

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)

17 AUG 17 AM 8:09
SECRETARY OF STATE
TALLAHASSEE FLORIDA