(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

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2018 FEB -8 AM 9: 49

2018 FEB -8 AM 9: 55

COVER LETTER

TO: New Filing Section Division of Corporations			
SUBJECT: The Mann's De Name	A Limited Liability Company		
The enclosed Articles of Organization and fe-	e(s) are submitted for filing.		
Please return all correspondence concerning	this matter to the following:	19	tikar edher . e
Scott A. Mann			
JOH A. Many	Name of Person		
1640 Tupelo C	Γ		
	Address		
Monticello FL	32344		
	32344 City/State and Zip Code		
Themannsdoghou	se & vahoo.com		•
E-mail address: (to t	be used for future annual report notification)		
For further information concerning this matter	r, please call:		
a			
	_at (850)320 - 3283	×.5-	116.74 (444-4)
Name of Person	Area Code Daytime Telephone Number		
Enclosed is a check for the following amour	nt:		
\$125.00 Filing Fee \$130.00 Filing F	S160 00 Filing Fee		
Certificate of Sta	atus ——Certified Copy —— Certificate of Status &		
•	(additional copy is enclosed) Certified Copy (additional copy is enclos	ed)	
Mailing Address	Street Address		
New Filing Section Division of Corporations	New Filing Section Division of Corporations		
P.O. Box 6327	Clifton Building		
Tallahassee, FL 32314	2661 Executive Center Circle		

Tallahassee, FL 32301

way wast

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The Mar (Must cont	tain the words "Limited Liab	bility Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street a	iddress of the principal offic	ce of the Limited Liability Company is:	
Pri <u>nci</u> p	oal Office Address:	Mailing Address:	
1640 Tubelo	CT Manticella EL 3	32344 1414 W. Tennessee St Tallaha	issec. FL 32304
			7. 0
ARTICLE III - Registered Ag (The Limited Liability Compan	ent, Registered Office, & I y cannot serve as its own Re	Registered Agent's Signature: egistered Agent. You must designate an individual or	
ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an	ent, Registered Office, & F y cannot serve as its own Re active Florida registration.)	Registered Agent's Signature: egistered Agent. You must designate an individual or	No Mens which (2)
ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an	ent, Registered Office, & F y cannot serve as its own Re active Florida registration.)	Registered Agent's Signature: egistered Agent. You must designate an individual or gent are:	
ARTICLE III - Registered Ag	gent, Registered Office, & Fry cannot serve as its own Regactive Florida registration.) address of the registered ag Scott A. M.	Registered Agent's Signature: egistered Agent. You must designate an individual or gent are: Ann	
ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an	gent, Registered Office, & Fry cannot serve as its own Regactive Florida registration.) address of the registered ag Scott A. M.	Registered Agent's Signature: egistered Agent. You must designate an individual or gent are:	

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..

State

City

Scatt Q. Manu
Registered Agent's Signature (REQUIRED)

Zip

(CONTINUED)

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HARL LIBER

<u>Title:</u> "AMBR" # Autho		Name and Address:	* 9	HER WAS
"MGR" = Manage	r	Katio Mann		
ZHOK		1640 Tupelo CT Monticello FL 32344		
MGR		Scott A. Mano		
		1640 Tupelo CT		
		Monticello FL 32344		
·				
				
(Use attachment i	f necessary)			
RTICLE V: Effective d:	te, if other than the date of filing:	2/8/801B(OPTIONAL)		
f an effective date is listence date of filing.)	d, the date must be specific and	d cannot be more than five business days prior to or 90 da	ys after	
Note: If the date inserted	in this block does not meet the a	applicable statutory filing requirements, this date will not be	listed as	
	ate on the Department of State's	s records.	×5	uew sand
RTICLE VI: Other prov	sions, if any.			
				
	SNATHDE. 4			
DEALIDED CH				
<u>reouired</u> si	/	1a		
	Signature of a member or	an authorized representative of a member.		
	Signature of a member or this document is executed in accument any false information aware that any false information in the same aware that any false information is executed in accument that any false information is executed in accument.	Fan authorized representative of a member. cordance with section 605.0203 (1) (b), Florida Statutes, ation submitted in a document to the Department of State as provided for in s.817.155, F.S.		

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)

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