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(Re	questor's Name)	
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PICK-UP	MAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



D O'KEEFE MAR 0 5 2018

## **COVER LETTER**

	Division of Corporations		
SUBJECT	T: MACK LOLLIES MOBILE HOME Name of Lin	SERVICES LLC nited Liability Company	
The enclos	sed Articles of Organization and fee(s) ar	e submitted for filing.	
Please retu	arn all correspondence concerning this ma	atter to the following:	
	MACKIEL LOLLIE		
		Name of Person	
	MACK LOLLIES MOBILE HOME S		
		Firm/Company	
	2224 PORTER AVE		
		Address	
	GRAND RIDGE, FL 32442	itu/State and 7 in Code	
		ity/State and Zip Code	
<u>mack</u>	iellollie@gmail.com E-mail address: (to be used	for future annual report notifica	tion)
For further	r information concerning this matter, plea	se call:	
MACKIEI	LOLLIE at ( 8 Name of Person	350 ) <u>209-9845</u> Area Code Daytime Tel-	ephone Number
Enclosed i	s a check for the following amount:		
☑ \$125.00 F	-	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addr Registration Section Division of Corporati Clifton Building 2661 Executive Center Tallahassee, FL 3230	ons er Circle

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liabil	lity Company is:		
MACK LOLLIES MOBILE H	OME SERVICES LI	LC	
(Must end	d with the words "Lim	ited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:			
The mailing address and street	address of the princip	al office of the Limited Liability Company is:	
Principal Office Address:		Mailing Address:	
2224 PORTER AVE		2224 PORTER AVE	
(The Limited Liability Compar	gent, Registered Offi	GRAND RIDGE, FL 32442  ice, & Registered Agent's Signature:  own Registered Agent. You must designate an individation.)	lual or
ARTICLE III - Registered A	gent, Registered Offi y cannot serve as its c active Florida registr	ice, & Registered Agent's Signature: own Registered Agent. You must designate an individation.)	lual or
ARTICLE III - Registered A (The Limited Liability Compar another business entity with an	gent, Registered Offing cannot serve as its contactive Florida registres taddress of the register	ice, & Registered Agent's Signature: own Registered Agent. You must designate an individation.)	lual or
ARTICLE III - Registered A (The Limited Liability Compar another business entity with an	gent, Registered Offing cannot serve as its control active Florida registres to address of the registed to LOLLIE	ice, & Registered Agent's Signature: own Registered Agent. You must designate an individation.)	lual or
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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

18 FEB 28 PM 4: 34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

<u>Fitle:</u> 'AMBR" = Authorized Member	Name and Address:
'MGR" = Manager	
MGR	MACKIEL LOLLIE
	2224 PORTER AVE
	GRAND RIDGE, FL 32442
Use attachment if necessary)	
EV: Effective date, if other than the date of filing:	. (OPTIONAL)
ctive date is listed, the date must be specific and	d cannot be more than five business days prior to or 90

**REQUIRED SIGNATURE:** 

2-2-2018 Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

MACKIEL LOLLIE

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)

Page 2 of 2

# MACK LOLLIES MOBILE HOME SERVICES LLC 2224 PORTER AVE GRAND RIDGE, FL

# **INITIAL LIST OF MEMBERS**

The following named person(s) shall constitute the initial members of MACK LOLLIES MOBILE HOME SERVICES LLC:

MACKIEL LOLLIE 2224 PORTER AVE GRAND RIDGE, FL 32442

MACKIEL LOLLIE, Organizer

2-8-2018 Date

