

L18000114234

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

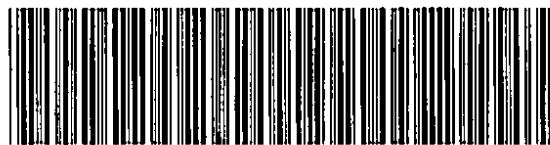
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200313024152

05/07/18--01034--016 **160.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2018 MAY -7 AM 11:04

FILED

MAY 11 2018

K. Brumbley

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Maximize All the Way, M.R.S
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:

Langston G. Menefee Sr., Ph.D

Name of Person

Maximize All the Way, M.R.S

Firm/Company

944 Old Mail Ln

Address

Sanford, FL 32773

City/State and Zip Code

lmenefeesr@aol.com

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

For further information concerning this matter, please call:

Dr Langston G Menefee Sr. at (407) 474 0946

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Maximize All the Way, M.R.S. 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:

2524 Park Dr
Sanford, FL 32773

Mailing Address:

944 Old Mail
Sanford, FL 32773

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:

Zorena Mercier
Name
944 Old Mail Ln
Florida street address (P.O. Box NOT acceptable)
Sanford FL 32773
City State Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2018 MAY -7 AM 11:04

FILED

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.

Zorena Mercier
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

MGR

AMBR

AMBR

AMBR

Name and Address:

Langston G. Menefee Sr., Ph.D
944 Old Mail Ln
Sanford, FL 32773

Candice Menefee
944 Old Mail Ln
Sanford, FL 32773

David Riggins
370 Plum Dr
Orange City, FL 32763

George Steves
211 Estinger Way
Sanford, FL 32773

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.

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.

Langston G. Menefee Sr., Ph.D

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)