

L18000234842

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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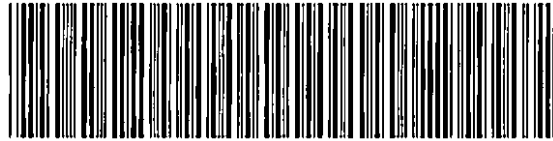
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SEC. OF STATE
TALLAHASSEE, FLORIDA

OCT 08 2018

T SCHROEDER

SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 10/05/2018

****WALK IN****

ENTITY NAME MILLPOND PARTNERS, LLC

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$125.00

CHECK # 5335

Please call Tina at the above number for any issues or concerns. Thank you so much!

**ARTICLES OF ORGANIZATION
OF
MILLPOND PARTNERS, LLC**

The undersigned hereby certifies the following for purposes of forming a limited liability company under the laws of the State of Florida. The following Articles shall be the charter and authority for the conduct of business of such limited liability company.

**ARTICLE I
NAME**

The name of the limited liability company is Millpond Partners, LLC.

**ARTICLE II
ADDRESS**

The mailing address and street address of the principal office of the limited liability company is:

<u>Principal Office Address:</u>	<u>Mailing Address:</u>
16952 Verona Lane Naples, FL 34110	16952 Verona Lane Naples, FL 34110

**ARTICLE III
INITIAL REGISTERED AGENT**

The name and street address of the initial registered agent are:

Terrance O. Noble

Name

16952 Verona Lane, Naples, FL 34110

Address

STATE OF FLORIDA
TALLAHASSEE

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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 in Chapter 605, F.S.

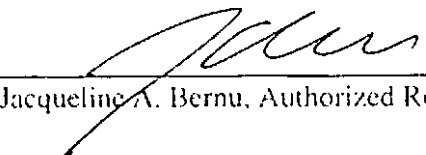

Registered Agent's Signature: Terrance O. Noble

ARTICLE IV
MANAGEMENT

The name and address of each person authorized to manage and control the limited liability company:

<u>Title:</u>	<u>Name and Address:</u>
MGR = Manager	Terrance O. Noble 16952 Verona Lane Naples, FL 34110

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.



Jacqueline A. Bernu, Authorized Representative

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TALLAHASSEE, FLORIDA