19600220449

(Re	questor's Name)	
(Ad	dress)	
· (Ad	dress)	
(Cit	ry/State/Zip/Phone #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Name)
(Do	ocument Number)	
Certified Copies	Certificates o	f Status
Special Instructions to	Filing Officer:	

Office Use Only

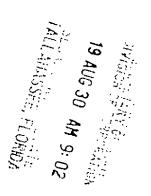
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08/30/19--01022--008 **125.00



COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: MLE FOUNDATION, LL Name of Limited Liab	cility Company
The enclosed Articles of Organization and fee(s) are submittee	ed for filing.
Please return all correspondence concerning this matter to the	e following:
Michael C. Elliott, Trus	of Person
Firm/C	Company
3558 Kent Dr.	dress
•	and Zip Code Of 2mm 2801@ V 2h00. Com
For further information concerning this matter, please call:	
Michael Elliott at (757 Name of Person Area Code	Daytime Telephone Number
Certificate of Status Certificate	.00 Filing Fee & \$160.00 Filing Fee. fied Copy nal copy is enclosed) 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 1 - Name: The name of the Limited Liabilit	y Company is:			
MLE FO	ONCLATION L	LC iability Company	y, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street ad	ddress of the principal off	ice of the Limite	ed Liability Company is:	
<u>Princip</u>	al Office Address:		Mailing Addre	<u>ss</u> :
3558 Ken Napres, FL	1+ Drive 34112		3558 Kent Driv Japies FL 3411	2
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	cannot serve as its own R	legistered Agent	ent's Signature: . You must designate an indi	vidual or
The name and the Florida street a	address of the registered a	igent are:		
	- Elliot f	<u>founclat</u>	100	
		Name		
	3558 Ke	nt Driv	10	
	Florida street address (P.O. Box NOT	acceptable)	
	Naples	FL State	34112	
	City	State	Zip	
Having been named as registered a place designated in this certificate, further agree to comply with the pr am familiar with and accept the ob	I hereby accept the appoing ovisions of all statutes relations of my position as	ntment as registe uting to the prope registered agen	red agent and agree to act in er and complete performance	this capacity. I of my duties, and I
		(CONTINUED)	
				19 1411

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MOR	Michael C. Elliott
	3558 Kent Dr. Names, FL 34112
AMBR	Lynn A. Elliott
	3558 Kent Dr.
	Naples, FL 34112
· · · · · · · · · · · · · · · · · · ·	
Tico ottoch mont if necessary	
Ose attachment if necessary)	
EV: Effective date, if other than the	e date of filing: (OPTIONAL)
ctive date is listed, the date must	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 90 or
EV: Effective date, if other than the ctive date is listed, the date must filling.) the date inserted in this block does	be specific and cannot be more than five business days prior to or 90 of not meet the applicable statutory filing requirements, this date will not
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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)