

L19000 296 300

NICK SPALLIN PLLC  
(Requestor's Name)

2242 Northwest Shore Blvd  
(Address)

#2W  
(Address)

TAMPA FL 33607  
(City/State/Zip/Phone #)

☐ PICK-UP

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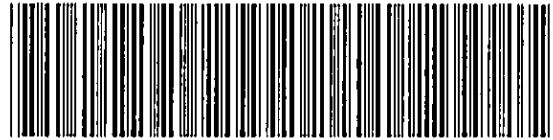
(Business Entity Name)

(Document Number)

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TAMPA, FL 33607

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D O'KEEFE

DEC 1 2019

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Mangrove Real Estate Investments, 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:

4209 Fogcutter Ct.

Tampa, Florida 33615

Mailing Address:

4209 Fogcutter Ct.

Tampa, Florida 33615

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:

THE LAW OFFICES OF NICK SPRADLIN, PLLC

Name

2202 N. WEST SHORE BLVD, STE 200

Florida street address (P.O. Box **NOT** acceptable)

TAMPA

City

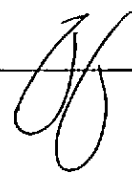
FLORIDA

State

33607

Zip

*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.*



Nick Spradlin

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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JACKSONVILLE, FLORIDA

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

**Name and Address:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

John B Hangartner  
4209 Fogcutter Ct.  
Tampa, Florida 33615

AMBR

Renee R Hangartner  
4209 Fogcutter Ct.  
Tampa, Florida 33615

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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.

**ANY AND ALL LAWFUL BUSINESS PURPOSE**

**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.

NICKOLAS J. SPRADLIN AUTHORIZED REP. OF A MEMBER

Typed or printed name of signee

19 DEC 13 AM 1:33