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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

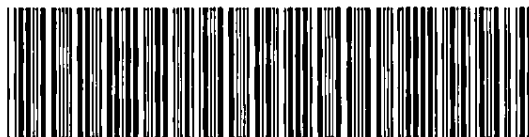
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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M SIMMONS

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## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Mermaid Mansion, LLC

Signature \_\_\_\_\_

Requested by: \_\_\_\_\_

Name \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

Walk-In \_\_\_\_\_

Will Pick Up \_\_\_\_\_

\_\_\_\_\_ Art of Inc. File \_\_\_\_\_

\_\_\_\_\_ LTD Partnership File \_\_\_\_\_

\_\_\_\_\_ Foreign Corp. File \_\_\_\_\_

\_\_\_\_\_ L.C. File \_\_\_\_\_

\_\_\_\_\_ Fictitious Name File \_\_\_\_\_

\_\_\_\_\_ Trade/Service Mark \_\_\_\_\_

\_\_\_\_\_ Merger File \_\_\_\_\_

\_\_\_\_\_ Art. of Amend. File \_\_\_\_\_

\_\_\_\_\_ RA Resignation \_\_\_\_\_

\_\_\_\_\_ Dissolution / Withdrawal \_\_\_\_\_

\_\_\_\_\_ Annual Report / Reinstatement \_\_\_\_\_

\_\_\_\_\_ Cert. Copy \_\_\_\_\_

\_\_\_\_\_ Photo Copy \_\_\_\_\_

\_\_\_\_\_ Certificate of Good Standing \_\_\_\_\_

\_\_\_\_\_ Certificate of Status \_\_\_\_\_

\_\_\_\_\_ Certificate of Fictitious Name \_\_\_\_\_

\_\_\_\_\_ Corp Record Search \_\_\_\_\_

\_\_\_\_\_ Officer Search \_\_\_\_\_

\_\_\_\_\_ Fictitious Search \_\_\_\_\_

\_\_\_\_\_ Fictitious Owner Search \_\_\_\_\_

\_\_\_\_\_ Vehicle Search \_\_\_\_\_

\_\_\_\_\_ Driving Record \_\_\_\_\_

\_\_\_\_\_ UCC 1 or 3 File \_\_\_\_\_

\_\_\_\_\_ UCC 11 Search \_\_\_\_\_

\_\_\_\_\_ UCC 11 Retrieval \_\_\_\_\_

\_\_\_\_\_ Courier \_\_\_\_\_

## **ARTICLES OF ORGANIZATION**

**OF**

**MERMAID MANSION, LLC**

Pursuant to the Florida Limited Liability Company Act, Chapter 605, Florida Statutes (2013), as amended from time to time (the "Act"), the following are adopted as the Articles of Organization of the limited liability company organized hereby:

### **ARTICLE I: NAME**

The name of this limited liability company (the "Company") shall be MERMAID MANSION, LLC.

### **ARTICLE II: ADDRESS**

The mailing address and the street address of the principal office of this company shall be 106 Surfside Ave., St. Augustine, Florida, 32084.

### **ARTICLE III: REGISTERED AGENT**

The initial registered office of this company shall be 106 Surfside Ave., St. Augustine, Florida, 32084, and its initial registered agent at such office shall be Sandra Robinson.

### **ARTICLE IV: MANAGEMENT OF THE COMPANY**

This company will be a manager-managed company managed in accordance with and subject to the requirements of the Act and the operating agreement of this Company.

The name and address of the members are:

Managers: Sandra Robinson  
106 Surfside Ave.  
St. Augustine, FL 32084

Lisa Slipkovich  
106 Surfside Ave.  
St. Augustine, FL 32084

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IN WITNESS WHEREOF, the undersigned, being a Manager of this company, has executed these Articles of Organization on behalf of this company in accordance with §605.407(4) of the Act.

Dated: January 6<sup>th</sup>, 2020

MERMAID MANSION, LLC,  
a Florida limited liability company

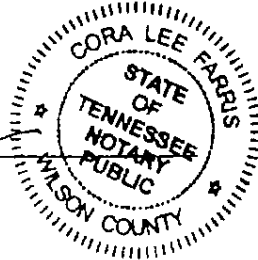
By: Sandra Robinson  
Sandra Robinson, Manager

STATE OF Tennessee  
COUNTY OF Davidson

BEFORE ME, the undersigned authority, personally appeared Sandra Robinson, as a Manager of MERMAID MANSION, LLC, a Florida limited liability company, personally known to me and who executed the foregoing Articles of Organization and acknowledged to me that he executed said Articles freely and voluntarily and for the purposes expressed therein.

WITNESS my hand and seal this 6<sup>th</sup> day of January, 2020.

Cora Lee Farris  
NOTARY PUBLIC



Dated: January 6<sup>th</sup>, 2020

MERMAID MANSION, LLC,  
a Florida limited liability company

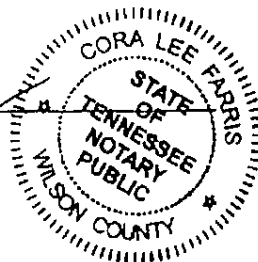
By: Lisa Slipkovich  
Lisa Slipkovich, Manager

STATE OF Tennessee  
COUNTY OF Davidson

BEFORE ME, the undersigned authority, personally appeared Lisa Slipkovich, as a Manager of MERMAID MANSION, LLC, a Florida limited liability company, personally known to me and who executed the foregoing Articles of Organization and acknowledged to me that he executed said Articles freely and voluntarily and for the purposes expressed therein.

WITNESS my hand and seal this 6<sup>th</sup> day of January, 2020.

Cora Lee Farris  
NOTARY PUBLIC

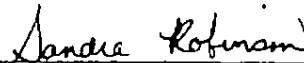


**CERTIFICATE DESIGNATING REGISTERED OFFICE AND  
REGISTERED AGENT FOR THE SERVICE OF PROCESS WITHIN FLORIDA**

In compliance with Chapter 605, Florida Statutes (2013), as amended from time to time (the "Act"), the following is submitted:

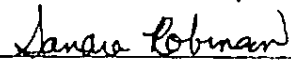
MERMAID MANSION, LLC, desiring to organize or qualify under the laws of the State of Florida as a limited liability company pursuant to the Act, hereby designates Sandra Robinson, as its registered agent to accept service of process within the State of Florida and the address of its registered office shall be 106 Surfside Ave., St. Augustine, FL 32084.

DATED this 9th day of January, 2020.

  
\_\_\_\_\_  
Sandra Robinson

Having been named to accept service of process for the above stated limited liability company, at the place designated in this certificate, I hereby agree to 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 company in complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

DATED this 9th day of January, 2020.

  
\_\_\_\_\_  
Sandra Robinson