

L21000015684

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:
Division of Corporations
Fax Number : (850)617-6301

From:
Account Name : GINN & PATROU, PA
Account Number : I20190000124
Phone : (904)461-3000
Fax Number : (844)730-9828

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: markevans 45@yahoo.com

FILED
21 JAN 20 PM 5:11
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.
MSNC Properties LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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Help

2021 JAN 20 PM 3:23

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JAN 21 2021



January 13, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

GINN & PATROU, PA

SUBJECT: MSNC PROPERTIES LLC
REF: W21000003391

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The effective date is not acceptable since it is not within five working days of the date of receipt.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Lillie S Kervin
Regulatory Specialist II

FAX Aud. #: H21000015372
Letter Number: 721A00000765

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TALLAHASSEE, FLORIDA

21 JAN 20 PM 5:11

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: MSNC Properties LLC

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:

Scott Patrou

Name of Person

Ginn & Patrou, PA

Firm/Company

770 A1A Beach Blvd. Suite D

Address

St. Augustine, FL 32080

City/State and Zip Code

info@ginnpatrou.com

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

For further information concerning this matter, please call:

Scott Patrou

904

461-3000

at (_____) _____

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY H21000015372 3

ARTICLE I - Name:

The name of the Limited Liability Company is:

MSNC Properties 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:

1585 Pinecrest St

St. Augustine, FL 32084

Mailing Address:

1585 Pinecrest St

St. Augustine, FL 32084

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:

Ginn & Patrou, PA

Name

770 A1A Beach Blvd., Ste D.

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

St. Augustine

FL

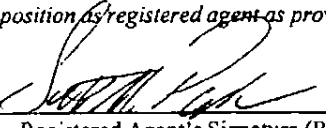
32080

City

State

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.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR

Joseph Mark Evans
440 Keller Lane
St. Augustine, FL 32086

AMBR

Stephanie Evans
440 Keller Lane
St. Augustine, FL 32086

(Use attachment if necessary)

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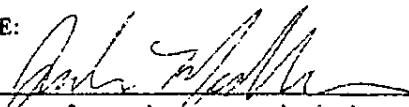
ARTICLE V: Effective date, if other than the date of filing: 1/05/2021 . (OPTIONAL)

(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.

Joseph Mark Evans
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)