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DATE:

3/4/2021

NAME: CAPT. MANGONE, LLC

TYPE OF FILING: ARTICLES

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125.00

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AUTHORIZATION: ABBIE/PAUL HODGE Chibile Hoolge

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:						
The name of the Limited Liability	Company is:					
Capt. Mangone, LLC						
(Must conat	in the words "Limited	Liability Company	y, "L.L.C.," or "LLC.")			
ARTICLE II - Address:						
The mailing address and street add	dress of the principal o	office of the Limite	d Liability Company is:			
Principal Office Address:			Mailing Address:			
6795 Huntington Ln. Bldg. 14-306		67	6795 Huntington Ln. Bldg. 14-306			
Delray Beach, FL 33446			Delray Beach, FL 33446			
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:						
Jeanette F. Kamciyan						
		Name				
6795 Huntington Ln. Bldg. 14-306						
	Florida street address (P.O. Box NOT acceptable)					
	Delray Beach	FL	33446			
	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..

egistered Agent's Signature (REQUIRED)

(CONTINUED)

	Title:	Name and Address:				
	"AMBR" = Authorized Member "MGR" = Manager					
	J	I vev				
MGR	Jeanette F, Kamejyan					
		6795 Huntington Ln. Bldg, 14-306	Delray Beach, FL 33446			
		Delity Beach, PL 33440				
		<del></del>				
	<del></del>					
		·				
	(Use attachment if necessary)  F.V: Effective date if other than the	e date of filing: (OPTIONAL)				
(If an effi the date o <u>Note:</u> If	ective date is listed, the date must lof filing.) 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	-			
uie docui	ment's effective date on the Departi	ment of State's records.				
ARTICI	E VI: Other provisions, if any.					
	es vit Other provisions, it atty.					
			<del></del>			
	REQUIRED SIGNATURE:	all Ce.	<del></del>			
	Signature of	a member or an authorized representative of a member.				
	This document is e	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 d	legree felony as provided for in s.817.155, F.S.				
	Jeanette F. k	Kameiyan .	292			
	.— <u></u>	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)

ARTICLE IV-

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