

JUL 16/2021/FRI 05:09 FAX 101
Division of Corporations Page 1 of 2
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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 617-6381

From:
Account Name : MIZELL & MAYS LAW FIRM, P.A.
Account Number : I20060000056
Phone : (941) 575-9291
Fax Number : (941) 575-9296

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

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FLORIDA LIMITED LIABILITY CO.

MizAna, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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**ARTICLES OF ORGANIZATION
OF
MizAna, LLC**

Pursuant to Florida Statutes §605.0201, the undersigned does file these Articles of Organization for a limited liability company and provides the following:

ARTICLE I - NAME

The name of the limited liability company is MizAna, LLC.

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the limited liability company is 604 West Marion Avenue, Punta Gorda, FL 33950.

ARTICLE III - REGISTERED AGENT

The name and street address of the initial registered agent for service of process is John B. Mizell, 604 West Marion Avenue, Punta Gorda, FL 33950.

ARTICLE IV - MANAGEMENT

The Company is to be managed by one or more members and therefore is a member-managed company. The name and address of each member authorized independently to manage and control the limited liability company is as follows:

Title:

Name and Address:

Member Manager

Marilyn R. Mizell
604 West Marion Avenue
Punta Gorda, FL 33950

Member Manager

John B. Mizell
604 West Marion Avenue
Punta Gorda, FL 33950

ARTICLE V - DURATION

The duration of this Company shall be perpetual.

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ARTICLE VI - PURPOSE

The purpose for which this Company is formed for the purpose of engaging in any lawful acts or activities for which limited liability companies may be formed under Florida Statute §605.0108(2).

(In accordance with section 605.0205(3) Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated therein are true. The undersigned is aware that any false information submitted in a document to the Department of State constitutes a third-degree felony as provided for in F.S. 817.155)

IN WITNESS WHEREOF, the undersigned, has hereunto subscribed her name and affixed her seal this 16th day of July 2021.

Witnesses:

Autumn Keeney
Print Name: Autumn Keeney

John B. Mizell
JOHN B. MIZELL, Authorized Representative

Anne Cormier
Print Name: Anne Cormier

STATE OF FLORIDA
COUNTY OF CHARLOTTE

I HEREBY CERTIFY that on this day, before me, a Notary Public duly authorized in the State and County named above to take acknowledgment, by means of ☒ physical presence or ☐ online, personally appeared John B. Mizell, to me known to be the person described as an authorized representative, and who executed the foregoing Articles of Organization, and she acknowledged that she executed the same for the purposes therein stated and did not take an oath.

WITNESS my hand and official seal in the State and County aforesaid this 16th day of July 2021.



ANNE CORMIER
Commission # GB 336250
Expires June 23, 2023
Bonded Thru Budget Salary Services

Anne Cormier
Printed Name; Anne Cormier
Notary Public - State of Florida
Commission No. GB 336250
My Commission Expires: 6/23/23

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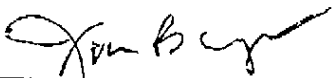
**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA:

1. The name of the limited liability company is MizAna, LLC.
2. The name and address of the registered agent and office is:

John B. Mizell, 604 West Marion Avenue, Punta Gorda, FL 33950.

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.



JOHN B. MIZELL

Dated: July 6, 2021

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