## 122000139654

(Requestor's Name)
(requesters realite)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
· · · · · · · · · · · · · · · · · · ·
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
W22000033005

Office Use Only



300381828843

02/23/22--01004--001 \*\*125.00

A/3/22

2022 HAR 31 PH 12:

## COVER LETTER

	ew Filing Section vision of Corporations		
SUBJECT:	456 MFG, LLC		
	Name of Li	mited Liability Company	
The enclose	d Articles of Organization and fee(s) a	re submitted for filing.	
Please return	n all correspondence concerning this m	atter to the following:	
	Kristine Lew	ris	
		Name of Person	
	456 MFG, LL	.C	
-		Firm/Company	
_	12141 62nd S	Street N Unit 3	
		Address	
_	Largo, FL 337		
		City/State and Zip Code	
_		ickysupply.com	
For further inf	formation concerning this matter, pleas	for future annual report notificati	onj
_	Kristine Lewisat (	727 ) 953-9945	
	Name of Person A	rea Code Daytime Telephone	Number
Enclosed is a	a check for the following amount:		
□\$125.00 F	Filing Fee Status  Sland Filing Fee & Certificate of Status	□\$155.00 Fiting 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 Di The Centre of Tallaha 2415 N. Monroe Street Tallahassee, FL 32303	ssee at, Suite 810

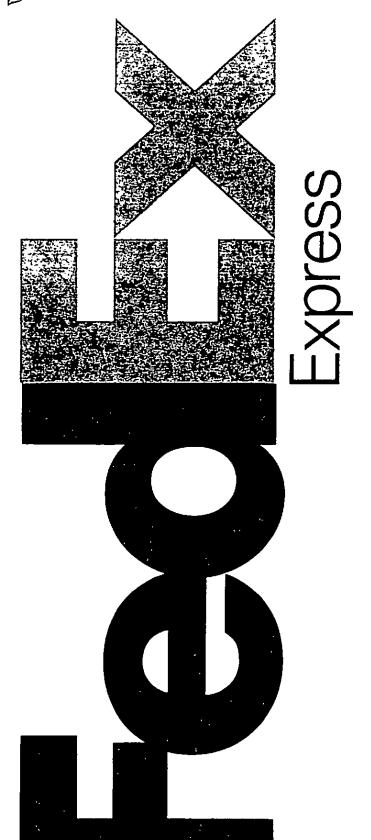
## $ARTICLES \, OF \, OR \, CANIZATION \, FOR \, FLORIDA \, LIMITED \, LIABILITY \, COMPANY$

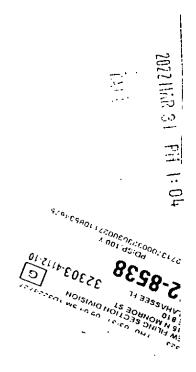
ARTICLE 1 - Name: The name of the Limited Liability	y Company is:				
	MFG, LLC				
(Must cont	ain the words "Limited L	iability Compar	ıy, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street a	ddress of the principal of	fice of the Limit	ted Liability Company is:		
Principal Office Address:			Mailing Address:		
<u>12141 62nd S</u> Largo, FL 337	treet N Unit 4 73	<del></del>			
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	cannot serve as its own I active Florida registration	Registered Ager	gent's Signature: nt. You must designate an	individual or	
The name and the Florida street	address of the registered:	agent are:			
	Kristine Le	wis			
		Name			
	313 Woode	tte Drive E			
	Florida street address	(P.O. Box <b>NO</b> )	[ acceptable)		
	Dunedin	FL	34698		
	City	State	Zip		
Having been named as registered a place designated in this certificate, further agree to comply with the pr am familiar with and accept the ob	I hereby accept the apport ovisions of all statutes rel	intment as regis ating to the proj	tered agent and agree to a per and complete perform	ict in this capacity. I ance of my duties, and I	
	<u> Knis</u>	112 12.110	nature (REQUIRED)	_	
	Register	red Agent's Sign	nature (REQUIRED)		
		(CONTINUE)	D)		

## ARTICLE IV-

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

f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ment's effective date on the Department of State's records.	<u>Title:</u>	Name and Address:	
MGR  James Whitlock  3405 East Bay Drive  Largo. FL 3377.1  MGR  Roman Antony Tangredi  1500 Alden Road Apt 232  Orlando. FL 32803  AMBR  Richard Augusto  202 6th Avenue SW  Largo. FL 33771.   EV: Effective date, if other than the date of filing:  (Use attachment if necessary)  EV: Effective date, if other than the date of filing:  (OPTIONAL)  receive date is listed, the date must be specific and cannot be more than five business days prior to or 90 day  of filing.)  The date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ment's effective date on the Department of State's records.  EVI: 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 603.0203 (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.  James Whitlock  Typed or printed name of signee  Filing Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Cupy (Optional)			
AMBR  Roman Antony Tangredi 1600 Alden Road Apri 232 Orlando, FL 332803  AMBR  Richard Augusto 202 6th Avenue SW Largo, FL 33771  (Use attachment if necessary)  E. V: Effective date, if other than the date of filing: (OPTIONAL) elective date is listed, the date must be specific and cannot be more than five business days prior to or 90 day of filing.)  f. the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ment's effective date on the Department of State's records.  E. 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.  James Whitlock Typed or printed name of signee  Filling Fees:  S125.00 Filling Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)	<u>-</u>		
Largo, FL 33771	<u>MGR</u>	_James Whitlock	-
MGR  Roman Antony Tangredi 1600 Alden Road Apt 232 Orlando, FL 32803  AMBR  Richard Augusto 202 6th Avenue SW Largo, FL 33771  (Use attachment if necessary)  EV: Effective date, if other than the date of filing: (OPTIONAL) rective date is listed, the date must be specific and cannot be more than five business days prior to or 90 day of filing.) rective date in serted in this block does not meet the applicable statutory filing requirements, this date will not be ment's effective date on the Department of State's records.  EVI: 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.  James Whitlock Typed or printed name of signee  Filling Fees:  \$125.00 Filling Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)		Largo, FL 33771	
AMBR  Richard Augusto 202 6th Avenue SW Largo, FL 33771  (Use attachment if necessary)  EV: Effective date, if other than the date of filing:		Loigo, La contraction	•
AMBR  Richard Augusto 202 6th Avenue SW Largo, FL 33771  (Use attachment if necessary)  EV: Effective date, if other than the date of filing:	MGR	Roman Antony Tangredi	
AMBR			,
(Use attachment if necessary)  Let V: Effective date, if other than the date of filing:		Orlando, FL 32803	
(Use attachment if necessary)  Let V: Effective date, if other than the date of filing:	AMADD	Richard Augusto	
(Use attachment if necessary)  Let V: Effective date, if other than the date of filing:	AIVIBR		
(Use attachment if necessary)  E. V: Effective date, if other than the date of filing:		Largo, FL 33771	
(Use attachment if necessary)  LE V: Effective date, if other than the date of filing:			
(Use attachment if necessary)  LE V: Effective date, if other than the date of filing:			
EV: Effective date, if other than the date of filing:			
EV: Effective date, if other than the date of filing:			
EV: Effective date, if other than the date of filing:			
EV: Effective date, if other than the date of filing:	(Use attachment if necessary)		
RECUIRED 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 statutory filing requirements.  James Whitlock 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)	(,,,		
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.  James Whitlock  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)	fective date is listed, the date must of filing.) f the date inserted in this block doe	t be specific and cannot be more than five business days prior to or 90 as not meet the applicable statutory filing requirements, this date will not	
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.  James Whitlock  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)	fective date is listed, the date must of filing.) f the date inserted in this block doe	t be specific and cannot be more than five business days prior to or 90 as not meet the applicable statutory filing requirements, this date will not	
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.  James Whitlock  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)	fective date is listed, the date must of filing.)  If the date inserted in this block doe iment's effective date on the Depar	t be specific and cannot be more than five business days prior to or 90 as not meet the applicable statutory filing requirements, this date will not	
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.  James Whitlock  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)	fective date is listed, the date must of filing.)  If the date inserted in this block doe iment's effective date on the Depart.  EVI: Other provisions, if any.	t be specific and cannot be more than five business days prior to or 90 as not meet the applicable statutory filing requirements, this date will not	
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.  James Whitlock  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)	fective date is listed, the date must of filing.)  If the date inserted in this block doe iment's effective date on the Depart.  EVI: Other provisions, if any.	t be specific and cannot be more than five business days prior to or 90 as not meet the applicable statutory filing requirements, this date will not	
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.  James Whitlock  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)	fective date is listed, the date must of filing.)  If the date inserted in this block doe iment's effective date on the Depart.  EVI: Other provisions, if any.  REQUIRED SIGNATURE:	t be specific and cannot be more than five business days prior to or 90 as not meet the applicable statutory filing requirements, this date will not atment of State's records.	
constitutes a third degree felony as provided for in s.817.155, F.S.  James Whitlock  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)	fective date is listed, the date must of filing.)  If the date inserted in this block doe iment's effective date on the Depart.  E VI: Other provisions, if any.  REQUIRED SIGNATURE:	t be specific and cannot be more than five business days prior to or 90 is not meet the applicable statutory filing requirements, this date will not atment of State's records.	
James Whitlock  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)	fective date is listed, the date must of filing.)  If the date inserted in this block doe iment's effective date on the Depart.  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of This document is	is not meet the applicable statutory filing requirements, this date will not rement of State's records.  If a member or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b), Florida Statutes.	
Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)	fective date is listed, the date must of filing.)  If the date inserted in this block doe iment's effective date on the Depart.  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of This document is I am aware that an	is not meet the applicable statutory filing requirements, this date will not rement of State's records.  If a member or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b), Florida Statutes. By false information submitted in a document to the Department of State	
Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)	fective date is listed, the date must of filing.)  If the date inserted in this block doe iment's effective date on the Depart.  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of This document is I am aware that an constitutes a third	is not meet the applicable statutory filing requirements, this date will not rement of State's records.  If a member or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b), Florida Statutes. By false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.	
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)	fective date is listed, the date must of filing.)  If the date inserted in this block doe iment's effective date on the Depart.  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of This document is I am aware that an constitutes a third	is not meet the applicable statutory filing requirements, this date will not timent of State's records.  If a member or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b), Florida Statutes. By false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.	
\$ 30.00 Certified Copy (Optional)	fective date is listed, the date must of filing.)  If the date inserted in this block doe iment's effective date on the Depart.  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of This document is I am aware that an constitutes a third	is not meet the applicable statutory filing requirements, this date will not timent of State's records.  If a member or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b), Florida Statutes. By false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.	
	fective date is listed, the date must of filing.)  If the date inserted in this block doe ament's effective date on the Depart.  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of This document is I am aware that an constitutes a third.  James	is not meet the applicable statutory filing requirements, this date will not rement of State's records.  If a member or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b), Florida Statutes. By false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.  Whitlock  Typed or printed name of signee  Filing Fees:	
\$ 5.00 Certificate of Status (Optional)	fective date is listed, the date must of filing.)  If the date inserted in this block doe ament's effective date on the Department's effective date on the Department's effective date on the Department's date of the Depart	is not meet the applicable statutory filing requirements, this date will not atment of State's records.  If a member or an authorized representative of a member, executed in accordance with section 605.0203 (1) (b), Florida Statutes, by false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.  Whitlock  Typed or printed name of signee  Filing Fees:  of Organization and Designation of Registered Agent	
د.:	fective date is listed, the date must of filing.)  If the date inserted in this block doe iment's effective date on the Department's effective date on the Department's effective date on the Department's date of the Depart	is not meet the applicable statutory filing requirements, this date will not atment of State's records.  If a member or an authorized representative of a member, executed in accordance with section 605.0203 (1) (b), Florida Statutes, by false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.  Whitlock  Typed or printed name of signee  Filing Fees:  of Organization and Designation of Registered Agent mal)	
C.	fective date is listed, the date must of filing.)  If the date inserted in this block doe iment's effective date on the Department's effective date on the Department's effective date on the Department's date of the Depart	is not meet the applicable statutory filing requirements, this date will not atment of State's records.  If a member or an authorized representative of a member, executed in accordance with section 605.0203 (1) (b), Florida Statutes, by false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.  Whitlock  Typed or printed name of signee  Filing Fees:  of Organization and Designation of Registered Agent mal)	
	fective date is listed, the date must of filing.)  If the date inserted in this block doe iment's effective date on the Department's effective date on the Department's effective date on the Department's date of the Depart	is not meet the applicable statutory filing requirements, this date will not atment of State's records.  If a member or an authorized representative of a member, executed in accordance with section 605.0203 (1) (b), Florida Statutes, by false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.  Whitlock  Typed or printed name of signee  Filing Fees:  of Organization and Designation of Registered Agent mal)	
	rective date is listed, the date must of filing.)  If the date inserted in this block does the date inserted in this block does the date inserted in this block does the date on the Department's effective date on the Department's effective date on the Department's date of	is not meet the applicable statutory filing requirements, this date will not atment of State's records.  If a member or an authorized representative of a member, executed in accordance with section 605.0203 (1) (b), Florida Statutes, by false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.  Whitlock  Typed or printed name of signee  Filing Fees:  of Organization and Designation of Registered Agent mal)	





PORT OF COMMERCIAL STATES

SOSSHYB31 BH 2:01 BECEINED