

L22000176109

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

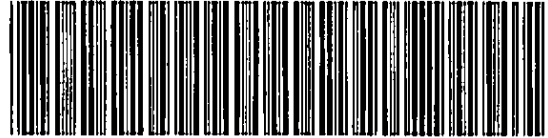
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W22000051560

Office Use Only



500382626015

03/31/22--01018--031 **160.00

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2022 MAR 31 PM 3:10



STATE OF TEXAS
COUNTY OF DALLAS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INTEGRITY SERVICES

April 18, 2022

DARYL AND SHANNON SCOTT
7711 S. MCCANN RD
SOUTHPORT, FL 32409 US

SUBJECT: THE MOBILE POUR PONY, LLC
Ref. Number: W22000051560

We have received your document for THE MOBILE POUR PONY, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

ONLY ONE PERSON CAN BE LISTED AS THE REGISTERED AGENT.
PLEASE ONLY LIST ONE REGISTERED AGENT.

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.

Coates Brianna
Regulatory Specialists II

Letter Number: 722A00009025

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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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Letter Number: 722A00009025

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OFFICE OF THE CLERK
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: The Mobile Pour Pony, 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:

Daryl and Shannon Scott

Name of Person

Firm/Company

7711 S. McCann Rd

Address

Southport, FL 32409

City/State and Zip Code

Themobilepourpony@gmail.com

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

For further information concerning this matter, please call:

Shannon Scott

402

7304290

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

The Mobile Pour Pony, 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:

7711 S. McCann Rd
Southport, FL 32409

Mailing Address:

7711 S. McCann Rd
Southport, FL 32409

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:

Daryl Scott

Name

7711 S. McCann Rd

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

Southport

FL

32409

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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2022 MAR 31 PM 3:10
CLERK OF DISTRICT COURT
CLERK OF DISTRICT COURT
CLERK OF DISTRICT COURT

ARTICLE IV-

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

Manager

Daryl Scott

7711 S. McCann Rd

Southport, FL 32409

Manager

Shannon Scott

7711 S. McCann Rd

Southport, FL 32409

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: March 5, 2022 1 Apr 2022 (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.

Shannon Scott

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)



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FLORIDA DEPARTMENT OF STATE
2022 MAR 31 PM 3:10

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