()24000 229812

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Cil	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



000385793710

2022 HAY 26 AM 8: 50

2022 MAY 24 AM 11: 40

RECEIVED

*FLORIDA CAPITAL COURIER SERVICES	S. INC	
2330 CLARE DRIVE TALLAHASSEE, FL 32309		
(850) 524-54372 (850) 524-6243		
(830) 324-0243		
Please use funds from this account; 1202100	000160 AMOUNT: \$125.00	
Authorization Signature:	7	
Transcribing Signature:		
MailBox1, LLC		
Business	Doc. #	20:
		2022 HAY
		A
Walk in	Will wait	26
		MAY 26 AP
Certified Copy of the Articles		F 51
··		~~. ***
Certificate of Status		50
NEW FILINGS	<u>AMENDMENTS</u>	
Profit	Amendment	
Not for Profit	Resignation of R.	
X Limited Liability	Change of Registe	_
Domestication	Dissolution/Witho	drawal
INC	Conversion	
OTHER - Corp	Merger	
OTHER FILINGS	REGISTRATION/OUALIF	ICATIONS
<u>OTHER FILINGS</u>	REGISTRATIONOCALIT	CATIONS
Annual Report	Foreign Filing	
	Partnership	
Fictitious Name	Reinstatement	
	CORRECTION for a Fo	reign LLC
_ Statement of Authority		S
	Domestication of a Forei	gn Corp.
APOSTIL ()		-
COUNTRY		Other
	EXAMINER'S INIT	IALS:





May 25, 2022

FLORIDA CAPITAL COURIER SERVICES

SUBJECT: MAILBOX1, LLC Ref. Number: W22000069270

We have received your document for MAILBOX1, LLC and the authorization to debit your account in the amount of \$125.00. However, the document has not been filed and is being returned for the following:

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Tammi Cline Regulatory Specialist II Supervisor

Letter Number: 122A00011938

2022 HAY 26 AM 8. SO

COVER LETTER

TO:	New Filing Section Division of Corp						
SUBJI	MailBox1, L	LC					
SUBJ		Name of	Limited Liab	ility Company			
The en	closed Articles of O	rganization and fee(s	s) are submitte	ed for filing.			
Please	return all correspon	dence concerning thi	s matter to the	following:			
	Jennifer A. En	gleri					
		 	Name o	of Person			
	The Orlando I	.aw Group				2	
		<u> </u>	Firm/C	Company		i)22	
	12301 Lake U	nderhill Rd, Stc. 213				LATION 2	! ;
			Ado	dress		<u></u> 6	Ī
	Orlando, FL 3	2828				6 AM 8:	Ċ
			City/State a	and Zip Code			
		andolawgroup.com	wad for future	annual report notificat	ion)		
		•		annuar report nounear	ion)		
For furt	her information cond	cerning this matter, p	lease call:				
	Jenniser Englei	rt ar	407	512-4394)			
	Name	of Person	Area Code	Daytime Telephor	ne Number		
Enclos	sed is a check for the	following amount:					
■\$12	5.00 Filing Fee	☐S130.00 Filing Fe Certificate of Status	: Certi	55.00 Filing Fee & ified Copy onal copy is enclosed)	□\$160.00 Fit Certificate of Certified Cop (additional copy	Status &	d)
	New Fil Divisior P.O. Bo	Address ing Section of Corporations x 6327 see, FL 32314		Street Address New Filing Section D The Centre of Tallah 2415 N. Monroe Stre Tallahassee, FL 3230	assee et, Suite 810		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

MailBox1, LLC					
(Must c	ontain the words "Limited I	Liability Company,	"L.L.C.," or "LLC.")		
RTICLE II - Address: e mailing address and stree	et address of the principal of	ffice of the Limited	Liability Company is:		
Prin	cipal Office Address:		Mailing Address:		
12201 Lake Linde	erhill Rd., Ste. 213	Samo	c		
IZOVI LAKE UNGC					
Orlando, FL 3282					<u> </u>
Orlando, FL 3282 RTICLE III - Registered no Limited Liability Comp	Agent, Registered Office, of any cannot serve as its own	Registered Agent.	nt's Signature: You must designate an individ	ual or	 - -
Orlando, FL 3282 RTICLE III - Registered ne Limited Liability Compother business entity with	8 Agent, Registered Office,	Registered Agent. \n.) agent are:	nt's Signature: You must designate an individ		1 1 1 2028 HAY 2
Orlando, FL 3282 RTICLE III - Registered ne Limited Liability Compother business entity with	Agent, Registered Office, any cannot serve as its own an active Florida registratio	Registered Agent. \n.)	nt's Signature: You must designate an individ		2022 HAY 26
Orlando, FL 3282 RTICLE III - Registered ne Limited Liability Compother business entity with	Agent, Registered Office, any cannot serve as its own an active Florida registratio cet address of the registered Jennifer A. Englert	Registered Agent. \n.) agent are: Name 1 Rd., Stc. 213	You must designate an individ		5 A
Orlando, FL 3282 RTICLE III - Registered ne Limited Liability Compother business entity with	Agent, Registered Office, any cannot serve as its own an active Florida registratio cet address of the registered Jennifer A. Englert	Registered Agent. \n.) agent are: Name 1 Rd., Stc. 213	You must designate an individ		6 AM 8:
Orlando, FL 3282 RTICLE III - Registered ne Limited Liability Compother business entity with	Agent, Registered Office, any cannot serve as its own an active Florida registratio cet address of the registered Jennifer A. Englert	Registered Agent. \n.) agent are: Name 1 Rd., Stc. 213	You must designate an individ	lual or TARA TO THE	5 A

(CONTINUED)

Registered Agent's Signature (REQUIRED)

ARTICLE IV-

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

"MGR" = Manager MGR Nicole Ercela Whittaker 2266 Clark Street Anonka, FL 32703 (Use attachment if necessary) LE V: Effective date, if other than the date of filing: 5/23/22 (OPTIONAL) Rective date is listed, the date must be specific and cannot be more than five business days prior to or 90 da of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be unreat's effective date on the Department of State's records. LE 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. Jennifer A, Englert 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)		Name and Address:
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