

L22000309299

(Requestor's Name) \_\_\_\_\_

(Address) \_\_\_\_\_

(Address) \_\_\_\_\_

(City/State/Zip/Phone #) \_\_\_\_\_

PICK-UP     WAIT     MAIL

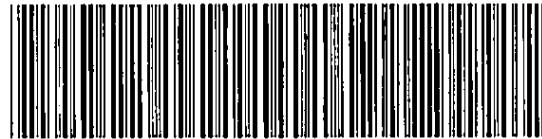
(Business Entity Name) \_\_\_\_\_

(Document Number) \_\_\_\_\_

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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S. CHATHAM  
JUL 13 2022

2022 JUL 13 PM 3:55  
FLORIDA  
TALLAHASSEE, FLORIDA

RECEIVED

2022 JUL 13 PM 3:55

22 JUL 13 PM 3:55  
S. C.

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

PLEASE USE FUNDS FROM THE ACCOUNT: I20210000160 AMOUNT: \$125.00

AUTHORIZED SIGNATURE James Fullen  
Maple Court LLC

BUSINESS

DOCUMENT #

Walk in  Pick up time \_\_\_\_\_  
 Mail out  Will wait  
 Photocopy

**Certified Copy of Articles of Incorporation**

**Certificate of Status**

**NEW FILINGS**

Profit  
 Not for Profit  
 Limited Liability  
 Domestication  
 Other  
 CORP

**AMMENDMENTS**

Amendment  
 Resignation of R.A. Officer/Director  
 Change of Registered Agent  
 Dissolution/Withdrawal  
 Merger  
 Conversion  
 Revocation

**OTHER FILINGS**

Annual Report  
 Fictitious Name  
 Foreign filing  
 Limited Partnership  
 Reinstatement

**REGISTRATION/QUALIFICATIONS**

Other

EXAMINER'S INITIALS: \_\_\_\_\_

22 July 13 PM 5:59

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

PLEASE USE FUNDS FROM THE ACCOUNT: 120210000160 AMOUNT: \$125.00

AUTHORIZED SIGNATURE James Teller  
Maple Court LLC  
BUSINESS

DOCUMENT #

Walk in  Pick up time \_\_\_\_\_  
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 **Conversion**  
 **Revocation**

**OTHER FILINGS**

**REGISTRATION/QUALIFICATIONS**

Annual Report  Foreign filing  
 Fictitious Name  Limited Partnership  
  Reinstatement

APOSTILLE  Other  
    Country

EXAMINER'S INITIALS: \_\_\_\_\_

22 JUL 13  
FLS:SS

COVER LETTER

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

SUBJECT: **MAPLE COURT 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:

**Brian Mendes**

Name of Person

**MAPLE COURT LLC**

Firm/Company

**9100 CONROY WINTERBERG RD, SUITE 200**

Address

**WINTERBERG, FL 34786**

City/State and Zip Code

**otherdoesforus@gmail.com**

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

For further information concerning this matter, please call:

<b>Lura Barua</b>	<b>888</b>	<b>650-3738</b>
<u>Name of Person</u>	<u>at (</u>	<u>)</u>
	<u>Area Code</u>	<u>Daytime Telephone Number</u>

Enclosed is a check for the following amount:

<input checked="" type="checkbox"/> \$125.00 Filing Fee	<input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status	<input type="checkbox"/> \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	<input type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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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

5/13/2013  
S:SS

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**MAPLE COURT 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:**

9100 CONROY WINTERMERE RD.  
SUITE 200  
WINTERMERE, FL 34786

**Mailing Address:**

9100 CONROY WINTERMERE RD.  
SUITE 200  
WINTERMERE, FL 34786

**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:

**LEGACY RA GROUP INC**

Name

**2330 CLARE DR**

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

**Tallahassee**

**Florida**

**32309**

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.*

*Legacy RA Group Inc.*

Registered Agent's Signature (REQUIRED)

(CONTINUED)

22 JUL 13  
FBI/DOJ  
S:59

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

AMBR

LIVEOAKS LLC  
9100 CONROY WINTERMERE RD. SUITE 200  
WINTERMERE, FL 34786

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (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.

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**REQUIRED SIGNATURE:**

*Brian Mendes*

**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.

Brian Mendes

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)**

22 July 13  
PFS:SM

## COVER LETTER

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

**SUBJECT:** MAPLE COURT 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:

Brian McNamee

Name of Person

MAPLE COURT LLC

Firm-Company

9100 CONROY WINDERMERE RD. SUITE 200

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### Address

WINDERMERE FL 34786

**City/State and Zip Code**

otherdocsforus@gmail.com

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

For further information concerning this matter, please call:

**Lura Barua** 888 650-3738  
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  
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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

22 JUL 13 PM '59

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(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

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The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

9100 CONROY WINTER MERE RD.  
SUITE 200  
WINTER MERE, FL 34786

**Mailing Address:**

9100 CONROY WINTER MERE RD.  
SUITE 200  
WINTER MERE, FL 34786

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(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.)

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Name

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

**Tallahassee**      **Florida**      **32309**  
City                      State                      Zip

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Legacy RA Group Inc.  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

22 Jul 13 PHS:350

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

**Title:**

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"MGR" = Manager

**Name and Address:**

AMBR

LIVEOAKS LLC

9100 CONROY WINTERMERE RD, SUITE 200,

WINTERMERE, FL 34786

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(Use attachment if necessary)

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*Brian Mendes*

\_\_\_\_\_  
Signature of a member or an authorized representative of a member.  
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\_\_\_\_\_  
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**\$ 5.00 Certificate of Status (Optional)**

22 JUL 13  
FLS:PM