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	ew Filing Section ivision of Corporations		
SUBJECT		nderson,LLC	
SUBJECT		ited Liability Company	
The enclos	ed Articles of Organization and fee(s) are	submitted for filing.	
Please retu	rn all correspondence concerning this ma	tter to the following:	<i>[</i> 2]
	Megan And	erson	2 AUG
		Name of Person	
			22 AUG -1 KiA 11:06
		Firm/Company	1: 6
	12 SE O	ntario Way	96
		Address	
	Stuart	, FI 34997	
	Megan.anderson00	ty/State and Zip Code 23@gmail.com	
-	E-mail address: (to be used	for future annual report notificati	on)
For further in	nformation concerning this matter, please	call:	
	Michael S Behme	561). 400-1	002
		ea Code Daytime Telephone	·
Enclosed is	a check for the following amount:		
	Filing Fee \$\sumsymbol{\sin{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sum}\sumsymbol{\sumsymbol{\sumsymbol{\	□\$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	Street Address	
	New Filing Section Division of Corporations	New Filing Section Di The Centre of Tallaha	
	P.O. Box 6327	2415 N. Monroe Stree	
	Tallahassee, FL 32314	Tallahassee, FL 3230.	3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(May asa	MAnderson, LLC main the words "Limited Liability C		
(Must con	nam the words. Elimited Elability C	ompany, E.L.C., or LLC.)	
ARTICLE II - Address: The mailing address and street	address of the principal office of the	e Limited Liability Company is:	
<u>Princi</u>	pal Office Address:	Mailing Ad	ldress:
1560_se_wi	Ishire pl 103	Same	
Stuart	. FI 34994		
The name and the Florida street	t address of the registered agent are JM Equities		
	Name		
	Name 1800 s Australia	n Ave ste 300	
	Name 1800 s Australia Florida street address (P.O. Bo	n Ave ste 300	
	Name 1800 s Australian Florida street address (P.O. Bo	n Ave ste 300 ox <u>NOT</u> acceptable) n, Fl 33409	
	Name 1800 s Australia Florida street address (P.O. Bo	n Ave ste 300 ox <u>NOT</u> acceptable) n, Fl 33409	
place designated in this certificate further agree to comply with the p	Name 1800 s Australian Florida street address (P.O. Bo	Ave ste 300 ox NOT acceptable) ox Fl 33409 e Zip ess for the above stated limited lid s registered agent and agree to a the proper and complete performe	ct in this capacity. Ince of my duties, i

(CONTINUED)

A	LT.	ICI	I F	IV.

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

<u>Title:</u> "AMBR" = Authoriz	Name and Address:	
"MGR" = Manager MGR	Megan Anderson 1560 se wilshire pl 103 Stuart, Fl 34994	
		29 · · · · · · · · · · · · · · · · · · ·
(Use attachment if ne	:: 0 :: 0 :: 0 :: 0 :: 0	
(If an effective date is listed, the date of filing.) Note: If the date inserted in the document's effective date ARTICLE VI: Other provision	ther than the date of filing:	•
REOUIRED SIGNA	URE:	<u> </u>
I am	gnature of a member or an authorized representative of a member. cument is executed in accordance with section 605.0203 (1) (b), Florida Statutes, are that any false information submitted in a document to the Department of State tes a third degree felony as provided for in s.817.155, F.S.	
	Michael Behme	
	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)