123000203664

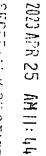
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

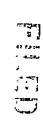
Office Use Only



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RECEIVED
123 APR 25 AN 19:1

Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com



ORDER FORM

TO Florida Department of State
The Centre of Tallahassee

2415 North Monroe Street, Suite 810

Tallahassee, FL 32303

corphelp@dos.myflorida.com

850-245-6051

FROM Melissa Moreau

mmoreau@incserv.com

850.656.7953

REQUEST DATE: 4/24/2023

PRIORITY Regular Approval

OUR REF # (Order ID#) 1142453

ORDER ENTITY

MANTLE PROPERTIES LLC

PLEASE PERFORM THE FOLLOWING SERVICES:	 		 	
MANTLE PROPERTIES LLC (FL)				

Please file the attached articles and provide a certificate of status.

NOTES:

\$130.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Monday, April 24, 2023 Page 1 of 1

ARTICLESOFORGANIZATIONFORFLORIDALIMITEDLIABILITYCOMPANY

The name of the Limited Liability Company is:	
Mantle Properties LLC	
(Must contain the words "Limited Liability Con	mpany, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the principal office of the L	limited Liability Company is:
Principal Office Address:	Mailing Address:
601 Brickell Key Drive, Brickell Key, Suite 700	c/o AAR Management, 601 Brickell Key
Miami, Florida 33131	Drive, Suite 700
	Miami, Florida 33131
ARTICLE III - Registered Agent, Registered Office, & Registered (The Limited Liability Company cannot serve as its own Registered another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:	
Alan L. Raines, Esq.	
Name	

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. Thereby 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..

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

State

2500 N Military Trail, Suite 303

City

Boca Raton

Registered Agent's Signature (REQUIRED)

(CONTINUED)



ARTICLE IV-

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

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AAR Property LLC - MGR	601 Brickell Key Drive, Suite 700
	Miami Florida, 33131
-	
	
(Use attachment if necessary)	
an effective date is listed, the date must be spo e date of filing.) ote: If the date inserted in this block does not not e document's effective date on the Department of RTICLE VI: Other provisions, if any,	of filing:
REOURED SIGNATURE:	EMM
This document is execut I am aware that any false	mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State e felony as provided for in s.817.155, F.S.
<u>Ian Shainbrown</u>	
	Typed or printed name of signee
	Elling Cons
\$125 00 Elling Ups for Autislay of Own	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)