## LA3000 385722

(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:





300413697593

P. 3: 55 2028 AUG 16 AH II: 43

PIBERTING OFFICE

PICTURE ORATIONS

PICTURE ORATIONS

RECEIVED

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500 ACCOUNT NO. : 12000000195 REFERENCE: 940355 4309934 AUTHORIZATION : COST LIMIT : ORDER DATE: August 15, 2023 ORDER TIME : 9:13 AM ORDER NO. : 940355-010 CUSTOMER NO: 4309934 DOMESTIC FILING NAME: 6877 GULF OF MEXICO LLC EFFECTIVE DATE: \_ ARTICLES OF INCORPORATION \_\_\_ CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: XX CERTIFIED COPY \_\_\_\_ PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING CONTACT PERSON: Eyliena Baker - EXT.

EXAMINER'S INITIALS:

## COVER LETTER

	New Filing Sec Division of Co				
SUBJEC		of Mexico LLC			
SUBJEC	I	Name of	Limited Liał	oility Company	
The enclo	sed Articles of	Organization and fee(s)	are submitt	ed for filing.	
Please re	um all corresp	ondence concerning this	matter to th	e following:	
	Kelly Delan	ey			
			Name	of Person	
	McLane Mic	ddleton, Professional As	sociation		
			Firm/0	Company	_
	900 Elm Str	reet, PO Box 326			
			Ad	dress	
	Manchester.	NH 03101			
	corporatepara	legals@mclane.com	City/State	and Zip Code	
		E-mail address: (to be us	sed for future	annual report notificat	ion)
For further	information co	oncerning this matter, ple	ase call:		
	Kyle J. Scan	dore, Esq.	781 (	904-2704	
	Nam	ne of Person	Area Code	Daytime Telephor	ne Number
Enclosed	is a check for t	he following amount:			
□\$125.0	0 Filing Fee	□\$130.00 Filing Fee Certificate of Status	Cert	.55.00 Filing Fee & ified Copy onal copy is enclosed)	#\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		ng Address		Street Address	
		iling Section on of Corporations		New Filing Section D The Centre of Tallah	
	P.O. B	30x 6327		2415 N. Monroe Stre	et, Suite 810
	Tallah	assee, FL 32314		Tallahassee, FL 3230	03

ARTICLESOF	OKGANIZATIONFO	K FLORIDA LJ.	MILED FIVRIFILA COMPANI	ł.
ARTICLE I - Name: The name of the Limited Liability	Company is:			
	, , , , , , , , , , , , , , , , , , ,			
6877 Gulf of Mexico	LLC			
(Must conta	in the words "Limite	d Liability Cor	npany, "L.L.C.," or "LLC.")	
ARTICLE II - Address:				
The mailing address and street ad	dress of the principal	l office of the L	imited Liability Company is:	
Princing	l Office Address:		<u>Mailing Ad</u>	ldress:
7.111C.p.u	1 (3)1100 110010,33		7.4411112 7.44	101 C.1.7
133 Lowe Street			133 Lowe Street	
Tavernier, FL 33070			Tavemier, FL 33070	
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an ac	cannot serve as its ov	vn Registered z		individual or
The name and the Florida street a	ddress of the register	red agent are:		
	Corporation Service	e Company		
		Name		
	1201 Hays Street			
	Florida street addr	ess (P.O. Box	NOT acceptable)	
	Tallahassee	FL	32301	

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..

City

Eylina Bahol Assistant Vice President Registered Agent's Signature (REQUIRED)

State

Zip

(CONTINUED)

## ARTICLE IV-

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

	***************************************
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Scott J. McDonough
	133 Lowe Street
	Tavemier, FL 33070
MGR	Michael Kelly
	248 Camden Street
	Oradell, NJ 07649
(Use attachment if necessary)	
cument's effective date on the Depart CLE VI: Other provisions, if any.	s not meet the applicable statutory filing requirements, this date will not be liment of State's records.
Contraction of the contraction o	
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	2-3-7
Va N	2-27
Signitures	Fa member or an authorized representative of a member.
Signiture w This document is	Fa member or an authorized representative of a member, executed in accordance with section 605.0203 (1) (b), Florida Statutes, y false information submitted in a document to the Department of State
Signification  This document is I am aware that an	Fa member or an authorized representative of a member, executed in accordance with section 605.0203 (1) (b), Florida Statutes.
Signiture w This document is I am aware that an constitutes a third	Fa member or an authorized representative of a member, executed in accordance with section 605.0203 (1) (b), Florida Statutes, y false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.
Signiture w This document is I am aware that an constitutes a third	Fa member or an authorized representative of a member, executed in accordance with section 605.0203 (1) (b), Florida Statutes, y false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.  Donough, Manager
Signiture w This document is I am aware that an constitutes a third	Fa member or an authorized representative of a member, executed in accordance with section 605.0203 (1) (b), Florida Statutes, y false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.  Donough, Manager  Typed or printed name of signee
Significacy This document is I am aware that an constitutes a third Scott J. Me	Fa member or an authorized representative of a member, executed in accordance with section 605.0203 (1) (b), Florida Statutes, y false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.  Donough, Manager  Typed or printed name of signee  Filing Fees:
Significacy This document is I am aware that an constitutes a third Scott J. Mc \$125.00 Filling Fee for Articles	Fa member or an authorized representative of a member, executed in accordance with section 605.0203 (1) (b), Florida Statutes, y false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.  Donough, Manager  Typed or printed name of signee  Filing Fees: of Organization and Designation of Registered Agent and)
This document is I am aware that an constitutes a third	Fa member or an authorized representative of a member, executed in accordance with section 605.0203 (1) (b), Florida Statutes, y false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.  Donough, Manager  Typed or printed name of signee  Filing Fees: of Organization and Designation of Registered Agent and)