

L23000410984

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H23000307796 3)))



H230003077963ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : TAX COUNSEL, PLLC
Account Number : I20210000011
Phone : (305)907-5540
Fax Number : (305)907-5437

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: andrea@taxcounselus.com

RECEIVED
2023 SEP -5 PM 2:02
CORPORATIONS
SPECIAL
SERVICES

FLORIDA LIMITED LIABILITY CO.
MANNIX, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

2022 SEP -5 PM 1:43
FAX
SERVICES

Electronic Filing Menu

Corporate Filing Menu

Help

mc

((H23000307796 3)))

**ARTICLES OF ORGANIZATION
OF
MANNIX, LLC**

ARTICLE I – NAME

The name of the limited liability company is MANNIX, LLC ("Company").

ARTICLE II – ADDRESS

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

Principal Office Address:

999 Ponce de Leon Blvd., Ste. 720
Coral Gables, FL 33134

Mailing Address:

999 Ponce de Leon Blvd., Ste. 720
Coral Gables, FL 33134

**ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE**

The name and the Florida street address of the registered agent are:

Tax Counsel, PLLC
999 Ponce de Leon Blvd., Ste. 720
Coral Gables, FL 33134

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.

Tax Counsel, PLLC

By Andrea Aguilar, Authorized Representative

ARTICLE IV - MANAGERS OR MEMBERS

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

((H23000307796 3)))

((H23000307796 3)))

Title:

"MGR" = Manager

"AMBR" = Authorized Member

Name and Address:

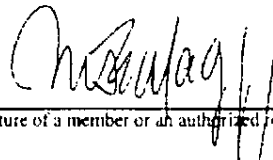
MGR

Maria Fernanda Maggi Parodi
999 Ponce de Leon Blvd., Ste. 720
Coral Gables, FL 33134

MGR

Suzanne Vanessa Topham
999 Ponce de Leon Blvd., Ste. 720
Coral Gables, FL 33134

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.

Maria Fernanda Maggi Parodi

Typed or printed name of signer

2022 SEP -5 PM 1:43
FALL AND SPRING 10:00 PM

((H23000307796 3)))