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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : GERALD WEINBERG, P.C.
Account Number : 120030000043
Phone : (800)342-9856
Fax Number : (800)354-3381

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

Email Address: _____

DEPT OF STATE
TALLAHASSEE, FL

2023 SEP 26 PM 4:32

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2023 SEP 26 PM 4:35

**FLORIDA LIMITED LIABILITY CO.
MUNDY WITCRAFT HOLDINGS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

2023 SEP 26 PM 4:32

MUNDY WITCRAFT HOLDINGS LLC

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

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

8066 CR 109,
LADY LAKE, FL 32159

8066 CR 109,
LADY LAKE, FL 32159

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:

CHRISTINE MUNDY

Name

8066 CR 109,

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

LADY LAKE

FL

32159

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.

/s/ Christine Mundy

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

Name and Address:

"MGR" = Manager

CHRISTINE MUNDY

NEW YORK, NY 10011

BERTRAM WITCRAFT III

GLOUCESTER CITY, NJ 08030

ARTICLE VI: Other provisions, if any.

15/ Christine Mundy

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.

Typed or printed name of signee

\$ 5.00 Certificate of Status (Optional)

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