

L23000492215

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

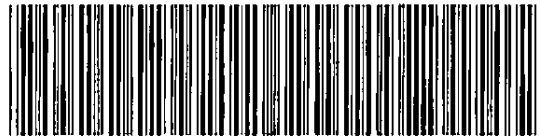
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200417937442

11-20-03-11-01-018 **180.00

FILED
2023 OCT 25 PM 10:55
CLERK OF COURT
LEWIS & CLARK COUNTY

MILLER & HALL, P. A.

PROFESSIONAL ASSOCIATION

ATTORNEYS AT LAW

Mailing Address: P.O. Box 36957 • Charlotte, North Carolina 28236-6957

Physical Address: 216 N. McDowell Street, Suite 106 • Charlotte, North Carolina 28204

LESLIE H. MILLER
DANA C. HALL

TEL (704) 375-8007
FAX (704) 375-1374

October 24, 2023

Florida Department of State
New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Ste. 810
Tallahassee, FL 32303

RE: Mustang Island Investments, LLC

Dear Sir/Madam:

For filing, enclosed please find the Cover Page and Articles of Organization for Florida Limited Liability Company and copy thereof. Also enclosed is our check in the amount of \$160.00 for the filing fee, Certificate of Status & Certified Copy along with a self-addressed stamped envelope for the return of the filed documents.

If you have any questions, please feel free to contact me.

Yours very truly,

MILLER & HALL, P.A.

A handwritten signature in black ink, appearing to read 'L. Miller', written over a horizontal line.

Leslie H. Miller

LHM/kbw

Enclosures

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: Mustang Island Investments, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Timothy W. Brumm

Name of Person

Firm/Company

766 Central Avenue, #211

Address

Naples, FL 34102

City/State and Zip Code

twbrumm@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Timothy W. Brumm

704

650-7221

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$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

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Mustang Island Investments, LLC

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

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

766 Central Avenue, #211
Naples, FL 34102

766 Central Avenue, #211
Naples, FL 34102

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:

Timothy W. Brumm

Name

766 Central Avenue, #211

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

Naples

FL

34102

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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

NOTARY PUBLIC
STATE OF FLORIDA

2023 OCT 25 PM 10:55

FILED

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

Timothy W. Brumm
766 Central Avenue, #211
Naples, FL 34102

(Use attachment if necessary)

2023 OCT 25 PM 10:55

FILED

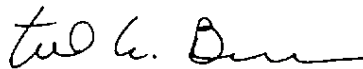
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

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.

Timothy W. Brumm

Typed or printed name of signer

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)