

11/8/23, 11:20 AM

Division of Corporations

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 : OLIVE JUDD, P.A.
Account Number : I20200000171
Phone : (954)334-2250
Fax Number : (888)503-5258

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

Email Address: rjudd@olivejudd.com

FLORIDA LIMITED LIABILITY CO.

MANN REALTY FLORIDA LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

J. MATTHEWS

NOV -9 2023

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: MANN REALTY FLORIDA 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:

ROBERT B. JUDD, ESQ.

Name of Person

OLIVE JUDD, P.A.

Firm/Company

2426 E. LAS OLAS BLVD

Address

FORT LAUDERDALE, FL 33301

City/State and Zip Code

RJUDD@OLIVEJUDD.COM

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

For further information concerning this matter, please call:

ROBERT B. JUDD, ESQ.

954

334-2250

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

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SECRETARY OF STATE
TALLAHASSEE, FLMANN REALTY FLORIDA 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:3100 NORTH OCEAN BOULEVARD3100 NORTH OCEAN BOULEVARDSUITE 2810SUITE 2810FORT LAUDERDALE, FL 33308FORT LAUDERDALE, FL 33308

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:

OLIVE JUDD, P.A.

Name

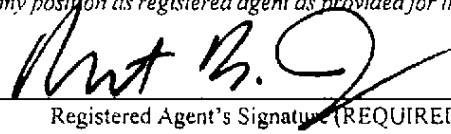
2426 E. LAS OLAS BLVDFlorida street address (P.O. Box **NOT** acceptable)FORT LAUDERDALEFL33301

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)

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