

L240000437458

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

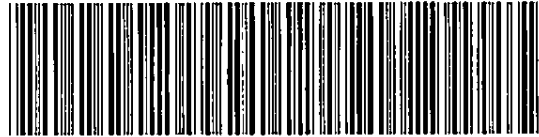
(Document Number)

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Office Use Only



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2004 OCT 15 09:47

FILED



October 15, 2024

***Via Hand-Delivery***

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

**Re: Mangrove Claims Management, LLC  
Application for Articles of Organization**

Dear sir or madam,

Enclosed, please find a signed application for Articles of Organization on behalf of Mangrove Claims Management, LLC, as well as a check in the amount of \$125.00.

Should you have any questions or require anything additional, please do not hesitate to contact our office. Thank you in advance for your time and consideration.

Sincerely,

A handwritten signature in black ink, appearing to read "M. Lanford".

Meredith A. Lanford, RP, FRP  
Paralegal to the Firm  
[meredith@meenanlawfirm.com](mailto:meredith@meenanlawfirm.com)

/mal  
Enclosures

2024 OCT 15 PM 4:47  
FBI-FLA



**COVER LETTER**

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

**SUBJECT:** Mangrove Claims Management, 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:

Kelsey Carlton  
Name of Person  
Meenan, P.A.  
Firm/Company  
P.O. Box 11247  
Address  
Tallahassee FL 32302  
City/State and Zip Code  
meredith@meenanlawfirm.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kelsey Carlton at ( 850 ) 425-4000  
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:

Mangrove Claims Management, 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:

1309 Thomasville Road, Suite 300

Tallahassee, FL 32308

Mailing Address:

1309 Thomasville Road, Suite 300

Tallahassee, FL 32308

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:

Registered Agents Inc

Name

7901 4th St N

STE 300

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

St. Petersburg

FL

33702

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.

David Roberts

Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

CEO

PRES/SEC

**Name and Address:**

Stephen Weinstein

20 Cherry Lane

Fairfield, CT 06824

Robert Ricker

1309 Thomasville Road, Suite 300

Tallahassee, FL 32308

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: upon 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:**

Signed by:

*Robert Ricker*

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**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.

Robert Ricker, Secretary

Typed or printed name of signee

**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)