

L24000530789

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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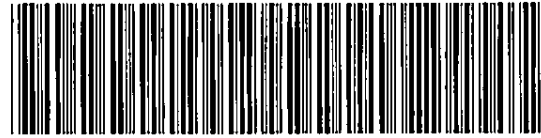
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CT CORP
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3458 lakesore Drive
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Date: 12/27/2024
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Name:	MEND QOF LLC
Document #:	
Order #:	16061169

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
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Thank you!

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: MEND QOF 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:

Dennis Madsen
Name of Person
MEND VENTURES GP, INC.
Firm/Company
526 KAMARI COVE
Address
NAPLES, FL 34114
City/State and Zip Code
dmadsen@madepas.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dennis Madsen 708 932-1590
Name of Person at () 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

**Electronic Articles of Organization
For
Florida Limited Liability Company**

Article I

The name of the Limited Liability Company is:
MEND QOF LLC

Article II

The street address of the principal office of the Limited Liability Company is:
526 KAMARI COVE
NAPLES, FL 34114

The mailing address of the Limited Liability Company is:
526 KAMARI COVE
NAPLES, FL 34114

Article III

The name and Florida street address of the registered agent is:
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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.

Registered Agent Signature:



Olga Hinkel, Associate Director, Customer Success

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Article IV

The name and address of person(s) authorized to manage LLC:

Title: MGR

MEND VENTURES GP, INC.
526 KAMARI COVE
NAPLES, FL 34114

Article V

The effective date for this Limited Liability Company shall be:

12/27/24

Signature of member or an authorized representative

Electronic Signature: GEORGE N. SHANINE

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

2024 DEC 27 AM 9:47
J. N. SHANINE
J. N. SHANINE