

L25000034060

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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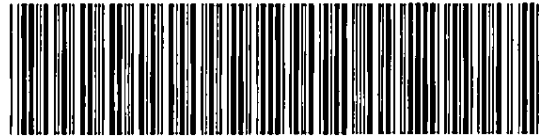
(Business Entity Name)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

W. L. WILSON
JAN 17 2025



John T. Driscoll, P.A.

Certified Public Accountant \ MBA

825 SE 3rd Ave, Suite 200

Ocala, FL 34471

Member AICPA, FICPA

Telephone (352) 622-5664

Fax (352) 671-5373

E-mail: john@ocalaaccounting.com

January 15, 2025

Secretary of State
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

To Whom It May Concern:

Enclosed please find original and one (1) copy of the Article of Organization for

MAS 24 LLC

I have enclosed a check in the amount of \$125.00 to cover the costs as follows:

Article of Organization filing fee \$ 125.00

Total \$ 125.00

Please forward a stamped copy of the Article of Organization to the address below:

John T. Driscoll C.P.A., P.A.
825 SE 3rd Ave, Suite 200
Ocala, Florida 34471

Thank you in advance for your kind and prompt attention to this matter, and if you have any questions, please call me on telephone number (352) 622-5664.

Sincerely,


John T Driscoll CPA

Enclosures

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

W. L. LANCE
JAN 17 2025

**ARTICLES OF ORGANIZATION
FOR
MAS 24 LLC**

The undersigned subscriber(s) to these Articles of Organization, each a natural person competent to contract, hereby associate themselves together to form a limited liability company under the Laws of the State of Florida.

ARTICLE I. - NAME

The name of this limited liability company is:

MAS 24 LLC

ARTICLE II. - MAILING ADDRESS

The mailing address and the principal office address are the same.

**10738 SE 166TH LN
SUMMERFIELD, FL 34491-8602**

ARTICLE III. - REGISTERED AGENT

**MARY ANNE SPENCER
10738 SE 166 LN
SUMMERFIELD, FL 34491-8602**

Having been named as a 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.

Signature *Mary Anne Spencer*
MARY ANNE SPENCER
Registered Agent

Date 1/15/2025

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TALLAHASSEE, FLORIDA

V.L. [unclear]
[unclear]

ARTICLE IV. – AUTHORIZED MEMBER (AMBR)

MARY ANNE SPENCER
10738 SE 166 LN
SUMMERFIELD, FL 34491-8602

ARTICLE V. - TERMS OF EXISTENCE

This Limited Liability Company is to exist perpetually. The effective date of this Limited Liability Company shall be **JANUARY 15, 2025**

Signature Mary Anne Spencer
MARY ANNE SPENCER
AMBR

Date 1/15/2025

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CLERK OF STATE
AT LAMAR, FLORIDA

MAILED
JAN 17 2025