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COVER LETTER

TO:	New Filing Section Division of Corporations					
SUBJE	CCT:	Ma-Name of Limite	ot Liability Company			
The en	closed Articles of Organizatio	n and fee(s) are st	ubmitted for filing.			
Please	return all correspondence con-	zerning this matte	r to the following:			
			Name of Person	y MI		
			LOC OTTEX	AT LIC		
	29 GrHam TML Address					
		C R	State and Zip Code	PL 32327		
	E-mail address: (to be used for future annual report notification)					
For furt	ner information concerning thi	s matter, please c	all:			
	Mame of Person	at (68	36-380 Daytime Telephone	Number		
Enclose ZST2	ed is a check for the following 5.00 Filing Fee IDS/30.0 Certifica	00 Filing Fee & te 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	1	Street Address New Filing Section Di	vision		

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

The name of the Limited Liability Comp	any is:				
/	Mant	atlet	211	ILC	

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

ARTICLE II - Address:

ARTICLE I - Name:

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

Principal Office Address:	Mailing Address:			
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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:

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

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. Enter agree to comply with the provisions of all statutes relating to the proper and complete performance of my, duties, and am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S., 101

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IVThe name and address of each person authorized to manage and control the Limited Liability Company: Title: "AMBR" = Authorized Member "MGR" = Manager MCJOY OF TOWN OF TOWN OF THE PLANT OF TOWN OF THE PLANT OF T

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, F₆S.

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)