

L98000000072

Scott Greenfield
378 Devon Place
Heathrow, FL 32746

City/State/Zip

Phone #

700002372297--1
-01/20/98--01024--002
****232.50 ****232.50

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

700002372297--1
-01/23/98--01008--011
*****17.50 *****17.50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

98 JAN 20 PM 12:00

FILED

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
- ☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

700002372297--1
-12/15/97--01082--020
*****35.00 *****35.00

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

C. TAX _____
FILING 17.50
R. AGENT FEE _____
C. COPY _____
TOTAL _____
N. BANK _____
BALANCE DUE _____
REFUND _____

Cora Hal

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Examiner's Initials	dee
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-01/20/98--01024--002
****232.50. ****232.50

01/14/98

Diane Cushing
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Dear Diane:

Enclosed are the documents to file our new LLC. Also please find a check for \$232.50. This along with the previous payment of \$52.50 equal \$285.00 to pay for this filing.

Please contact me if necessary at
378 Devon Place
Heathrow, FL 32746

407-829-2126.

Sincerely,


Scott Greenfield

Wednesday, December 10, 1997

Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Dear Sir:

Please file this Amendment. And return the acknowledgement to
me at 378 Devon Place, Heathrow, FL 32746. Phone 407-829-2126

Sincerely,


Scott Greenfield

Monday, December 29, 1997

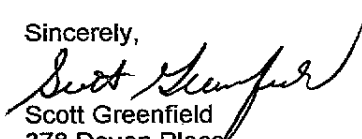
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Dear Diane:

Enclosed is the correct form hopefully properly filed out. I have included a check for the difference between the filing fee of \$52.50 and the \$35.00 that you received previously. I have made the effective date Jan. 2, 1998 as I was told that is the first day that this name will become available.

Please contact me if there are any questions you have.

Sincerely,



Scott Greenfield
378 Devon Place
Heathrow, FL 32746
407-829-2126



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

December 22, 1997

SCOTT GREENFIELD
378 DEVON PLACE
HEATHROW, FL 32746

SUBJECT: PRIVATE MORTGAGE ACCEPTANCE, L.C.
Ref. Number: L95000000446

We have received your document for PRIVATE MORTGAGE ACCEPTANCE, L.C. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have completed the wrong application for a limited liability company amendment. Please complete the attached form. The fee to file the amendment is \$52.50.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6913.

Diane Cushing
Corporate Specialist

Letter Number: 597A00059947



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

January 7, 1998

Scott Greenfield
378 Devon Place
Heathrow, FL 32746

SUBJECT: PRIVATE MORTGAGE ACCEPTANCE, L.C.
Ref. Number: L95000000446

We have received your document for PRIVATE MORTGAGE ACCEPTANCE, L.C. and your check(s) totaling \$52.50. However, the document has not been filed and is being retained in this office for the following:

I'm sorry but I failed to notice that this limited liability company has been dissolved. You will have to reinstate it before I can file the amendment. The attached form will need to be completed. The total filing fee for this will be \$877.50.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6913.

Diane Cushing
Corporate Specialist

Letter Number: 098A00000640

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MailAmerica, LLC

ARTICLE II - Address:

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

378 DEVON PLACE
HEATHROW, FL 32746

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be:

PERPETUAL

ARTICLE IV - Management:

(Check the appropriate box and complete the statement)

☐ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

TERESA A. GREENFIELD
SCOTT M. GREENFIELD

☐ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

378 DEVON PLACE
HEATHROW, FL 32746

ARTICLE V - Admission of Additional Members:

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be:

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98 JAN 20 PM 12:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE VI - Members Rights to Continue Business:

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

ARTICLE VII - Affidavit of Membership and Contributions

The undersigned member or authorized representative of a member of Mail America

Scott GREENFIELD

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98 JAN 20 PM 12:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
certifies \$ 0,000 ⁰⁰/_{xx};

- 1) the above named limited liability company has at least two members;
- 2) the total amount of cash contributed by the member(s) is
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ _____;
(A description of the property is attached and made a part hereto.); and
- 4) the total amount of cash and property contributed and anticipated to be contributed by member(s) is \$ _____.

Scott Greenfield
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Scott GREENFIELD
Typed or printed name of signee

Filing Fee: \$250.00 for Articles and Affidavit

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: Mail America, LLC

2. The name and the Florida street address of the registered agent are:

SCOTT GREENFIELD
NAME

378 DEVON PLACE
Florida street address (P. O. Box NOT ACCEPTABLE)

HEATHROW FL 32746
CITY, STATE AND ZIP

FILED
98 JAN 20 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.


SIGNATURE

Filing Fee: \$ 35 for Designation of Registered Agent