

# L99000006203

Art Kirby  
Requestor's Name  
2189 Cleveland St  
Address  
Cleaverton FL  
City/State/Zip      Phone #

Office Use Only

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
99 SEP 30 AM 10:46

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

1. Morning Mist LC  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

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

Name	<b>MJH</b>
Availability	
Document Examiner	
Updater	
Updater Verifier	
Acknowledgement	
P. Verifier	

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

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

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\*\*\*285.00 \*\*\*285.00

Examiner's Initials	
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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED  
LIABILITY COMPANY**

**ARTICLES I - Name:**

The name of the Limited Liability Company is:

Morning Mist, LC

**ARTICLES II - Address:**

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

2189 Cleveland Street  
Suite 210  
Clearwater, Florida 33765

**ARTICLES III - Duration:**

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

30 Years.

**ARTICLES IV - Management:**

*(check and complete the appropriate statement)*

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

Morton & Oxley, Ltd  
2189 Cleveland St.  
Suite 210  
Clearwater FL 33765

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

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**ARTICLES V - Admission of Additional Members:**

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

**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:

**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 IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.**

1. The name of the limited liability company is:

Morning Mist, LC

2. The name and address of the registered agent and office is :

\_\_\_\_\_  
G. T. Mayer

Name

\_\_\_\_\_  
2189 Cleveland St., Suite 210

(P.O. Box not acceptable)

\_\_\_\_\_  
Clearwater, FL 33765

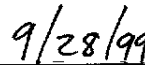
City/State/Zip

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.

G. T. Mayer



(Signature)



(Date)

## AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of

Morning Mist, LC

deposes and says:

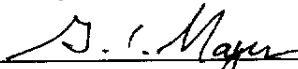
1) the above named limited liability company has at least two members

2) the total amount of cash contributed by the member(s) is \$ 100.00

3) if any, the agreed value of property other than cash contributed by member(s) is  
\$ -0-. A description of the property is attached and made a part hereto.

4) the total amount of cash or property anticipated to be contributed by member(s) is  
\$ 100.00. This total includes amounts from 2 and 3 above.

G. T. Mayer, Secretary for Morton & Oxley, Ltd



Signature of a member or authorized representative of a member.

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

**FILING FEE: \$250 for Articles of Organization and Affidavit**