

M23000003404

(Requestor's Name)

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(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP      ☐ WAIT      ☐ MAIL

(Business Entity Name)

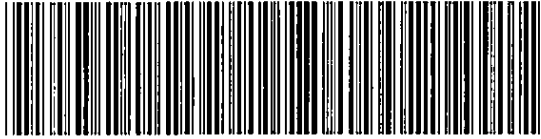
(Document Number)

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MAR 17 2023

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** MANGOLD, LLC  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Hayley Botz

Name of Person

NCH Registered Agent

Firm/Company

4730 S Fort Apache Rd Ste 300

Address

Las Vegas, NV 89147

City/State and Zip Code

mark.mangold@earthlink.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mark Mangold

863

409-9422

at ( )

Name of Contact Person

Area Code

Daytime Telephone Number

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy

☐ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS  
IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. MANGOLD, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

MA MANGOLD, LLC  
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Wyoming  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. \_\_\_\_\_  
(FEI number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 3613 Shererez Road  
(Street Address of Principal Office)

6. 3613 Shererez Road  
(Mailing Address)

Lake Land, FL 33810

Lake Land, FL 33810

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

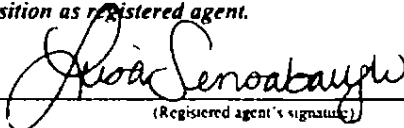
Name: NCH Registered Agent

Office Address: 390 North Orange Ave., Ste. 2300-N

Orlando, Florida 32801  
(City) (Zip code)

Registered agent's acceptance:

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 application, 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 relative 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's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

| <u>Title or Capacity:</u>                   |          | <u>Name and Address:</u>       |  | <u>Title or Capacity:</u>                   |          | <u>Name and Address:</u>       |  |
|---|----------|--------------------------------|--|---|----------|--------------------------------|--|
| <input checked="" type="checkbox"/> Manager | Name:    | Mark Mangold                   |  | <input checked="" type="checkbox"/> Manager | Name:    | Margaret Mangold               |  |
| <input type="checkbox"/> Member             | Address: | 3613 Shererez Road             |  | <input type="checkbox"/> Member             | Address: | 3613 Shererez Road             |  |
| <input type="checkbox"/> Authorized         |          | Lake Land, FL 33810            |  | <input type="checkbox"/> Authorized         |          | Lake Land, FL 33810            |  |
|   | Person   |                                |  |   | Person   |                                |  |
| <input type="checkbox"/> Other              |          | <input type="checkbox"/> Other |  | <input type="checkbox"/> Other              |          | <input type="checkbox"/> Other |  |
|   |          |                                |  |   |          |                                |  |
| <input type="checkbox"/> Manager            | Name:    |                                |  | <input type="checkbox"/> Manager            | Name:    |                                |  |
| <input type="checkbox"/> Member             | Address: |                                |  | <input type="checkbox"/> Member             | Address: |                                |  |
| <input type="checkbox"/> Authorized         |          |                                |  | <input type="checkbox"/> Authorized         |          |                                |  |
|   | Person   |                                |  |   | Person   |                                |  |
| <input type="checkbox"/> Other              |          | <input type="checkbox"/> Other |  | <input type="checkbox"/> Other              |          | <input type="checkbox"/> Other |  |
|   |          |                                |  |   |          |                                |  |
| <input type="checkbox"/> Manager            | Name:    |                                |  | <input type="checkbox"/> Manager            | Name:    |                                |  |
| <input type="checkbox"/> Member             | Address: |                                |  | <input type="checkbox"/> Member             | Address: |                                |  |
| <input type="checkbox"/> Authorized         |          |                                |  | <input type="checkbox"/> Authorized         |          |                                |  |
|   | Person   |                                |  |   | Person   |                                |  |
| <input type="checkbox"/> Other              |          | <input type="checkbox"/> Other |  | <input type="checkbox"/> Other              |          | <input type="checkbox"/> Other |  |

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. 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, F.S.

  
\_\_\_\_\_  
Signature of an authorized person

Mark Mangold

\_\_\_\_\_  
Typed or printed name of signer

**STATE OF WYOMING**  
**Office of the Secretary of State**

I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

**MANGOLD, LLC**  
is a  
**Limited Liability Company**

formed or qualified under the laws of Wyoming did on **November 18, 2022**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2022-001185912**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 9th day of January, 2023 at 4:19 PM. This certificate is assigned ID Number 057614121.



A handwritten signature in cursive script that reads "Chuck Gray".

Secretary of State



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 11, 2023

HAYLEY BOTZ  
4730 S FORT APACHE RD STE 300  
LAS VEGAS, NV 89147 US

SUBJECT: MANGOLD, LLC  
Ref. Number: W23000018869

We have received your document for MANGOLD, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.," also are no longer acceptable.

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) 245-6051.

Sharon D Franklin  
Regulatory Specialist II

Letter Number: 423A00003351

RECEIVED

MAR 16 2023