

## Division of Corporations

M24000008124

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : INCFILE.COM LLC  
Account Number : I20220000070  
Phone : (888)462-3453  
Fax Number : (877)919-2613

RECEIVED  
2024 JUN 24 AM 9:41  
\*Enter the email address for this business entity to be used for future  
annual report mailings. Enter only one email address please.\*\*  
Email Address: EFILE1234@INCFILE.COM

Foreign Limited Liability Company  
MAHOGANY ESTATES LLC

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$130.00

2024 JUN 24 AM 1:55

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## COVER LETTER

(((H24000215142 3)))

TO: Registration Section  
Division of Corporations

SUBJECT: **MAHOGANY ESTATES 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:

**LOVETTE DOBSON**

Name of Person

Firm/Company

**17350 STATE HWY 249 STE 220**

Address

**HOUSTON, TX 77064**

City/State and Zip Code

**EFILE1234@INCFILE.COM**

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

For further information concerning this matter, please call:

**LOVETTE DOBSON** at 1 **888-462-3453**  
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 &     \$155.00 Filing Fee &     \$160.00 Filing Fee, Certificate  
of Status      Certified Copy      of Status & Certified Copy

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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 type="checkbox"/> Manager	Name: <u>Dominique Johnson</u>	<input type="checkbox"/> Manager	Name: <u>General Wilson</u>
<input checked="" type="checkbox"/> Member	Address: <u>254 Chapman Rd</u>	<input checked="" type="checkbox"/> Member	Address: <u>254 Chapman Rd</u>
<input type="checkbox"/> Authorized	<u>Ste 208 #17903</u>	<input type="checkbox"/> Authorized	<u>Ste 208 #17903</u>
<input checked="" type="checkbox"/> Person	<u>Newark, DE 19702</u>	<input type="checkbox"/> Person	<u>Newark, DE 19702</u>
<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 checked="" 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.

Dominique Johnson  
Signature of an authorized person

Typed or printed name of signee

Dominique Johnson (((H24000215142 3)))

# Delaware

(((H24000215142 3)))

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MAHOGANY ESTATES LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTIETH DAY OF JUNE, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MAHOGANY ESTATES LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF MAY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



Jeffrey W. Bullock, Secretary of State

3774444 8300

SR# 20242934650

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 203756987

Date: 06-20-24

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