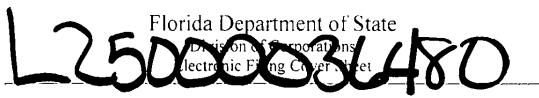
Page: 1 of 3

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : GINN & PATROU, PA

Account Number : I20190000124 : (904)461-3000 : (844)730-9828 Fax Number

\*\*Enter the email address for this business entity to be used for futureannual report mailings. Enter only one email address please.\*\*

Email Address: registeredagent@ginnpatrou.com

# FLORIDA LIMITED LIABILITY CO.

Mancosh Family Holdings LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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#### #200000001140

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - Name:

The name of the Limited Liability Company is:

Mancosh Family Holdings LLC

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

### ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
2 Hammock St.	2 Hammock St.
Green Cove Springs, FL 32043	Green Cove Springs, FL 32043
<u> </u>	

## 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:

#250000337743

	Name	
460 A1A Beach Blv	d.	
Florida street addre	ss (P.O. Box <u>NOT</u> acc	eptable)
St. Augustine	Florida	32080

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 as provided for in Chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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