

214000037849

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

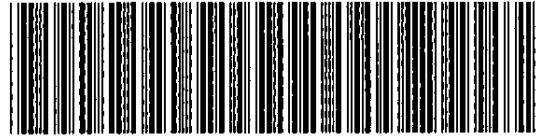
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200257279322

03/05/14--01003--012 \*\*125.00

2014 MAR -5 10:11:12  
STATE OF FLORIDA  
SECRETARY OF STATE

FILED  
2014 MAR -5 AM 10:51  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MAR 06 2014

CORP DIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

**FILING COVER SHEET**  
**ACCT. #FCA-23**

**CONTACT:**        SAVANNAH DEBOER

**DATE:**            03/05/14

**REF. #:**           7748064.9069189

**CORP. NAME:**   MCI VENTURES, LLC

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION      |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME              |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |   |
| <input type="checkbox"/> OTHER:                      |   |   |

STATE FEES PREPAID WITH CHECK# 70016129 FOR \$ 125.00

**AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:**

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

**PLEASE RETURN:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY        | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS |   |  |

Examiner's Initials

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2014 MAR -5 AM 10:5

FILED

**ARTICLES OF ORGANIZATION**

**OF**

**MCI VENTURES, LLC**

**ARTICLE I - Name**

The name of the Limited Liability Company is MCI VENTURES, LLC (the "Company").

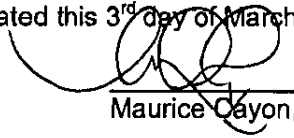
**ARTICLE II - Address**

The mailing address and street address of the principal office of the Company is 3857 West 16th Avenue, Hialeah, Florida 33012.

**ARTICLE III - Registered Agent and Office**

The street address of the Company's initial registered office is 3857 West 16th Avenue, Hialeah, Florida 33012, and the name of its Initial registered agent at such office is Maurice Cayon.

In accordance with Florida Statutes, the execution of this document constitutes an affirmation that the facts stated herein are true. Dated this 3<sup>rd</sup> day of March, 2014.

  
\_\_\_\_\_  
Maurice Cayon, Authorized Signor

**ACCEPTANCE OF APPOINTMENT OF REGISTERED AGENT**

The undersigned, having been named as Registered Agent and to accept service of process for the above stated limited liability company at the place designated in these Articles of Organization, the undersigned hereby accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and is familiar with and accepts the obligations of its position as registered agent as provided for in Florida Statutes. Dated this 3<sup>rd</sup> day of March, 2014.

  
\_\_\_\_\_  
Maurice Cayon, Registered Agent

**FILED**  
2014 MAR -5 AM 10:51  
CLERK OF STATE  
TALLAHASSEE FLORIDA