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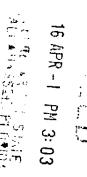
| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (Ad | ldress) | |
| , (Ad | ldress) | |
| . (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Ви | ısiness Entity Nar | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

| TO: Re | egistration Section ivision of Corporations |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SUBJECT | MV Sells |
| SUBJECT | Name of Limited Liability Company |
| The enclose | ed Articles of Organization and fee(s) are submitted for filing. |
| Please retu | rn all correspondence concerning this matter to the following: |
| | Melissa Vance |
| | Name of Person |
| | |
| | Firm/Company |
| | 108 Lake Ave. |
| | Address |
| | Orlando FL 32801 |
| _ | City/State and Zip Code melissav@mymetrocity.com |
| | E-mail address: (to be used for future annual report notification) |
| For further in | nformation concerning this matter, please call: |
| | Melissa Vance 407 489-5166 at () |
| | Name of Person Area Code Daytime Telephone Number |
| Enclosed is | s a check for the following amount: |
| \$125.00 Fi | ling Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \ \text{Certified Copy (additional copy is enclosed)} \ \text{S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)} \ \text{Certified Copy (additional copy is enclosed)} \ Certified Copy (additional copy is enclose |
| | Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301 |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liabilit | y Company is: | | | 16 APR - 1 |
|-----------------------------------------------------------------------------------------------------|---------------------------|---------------------------|---------------------------|-------------|
| MV Sells LLC. (Must end | with the words "Limited | d Liability Company | y, "L.L.C.," or "LLC.") | TALLAMASSAL |
| ARTICLE II - Address: The mailing address and street ad | ddress of the principal c | office of the Limited | Liability Company is: | |
| <u>Princips</u> | al Office Address: | | Mailing Address: | |
| 108 Lake Ave Orlando FL 32801 | | | Lake Ave indo FL 32801 | |
| ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a | cannot serve as its own | Registered Agent. | | al or |
| The name and the Florida street a | address of the registered | d agent are: | | |
| | Melissa Vance | | | |
| | · | Name | | |
| | 108 Lake Ave | | | |
| | Florida street addres | ss (P.O. Box <u>NOT</u> a | cceptable) | |
| | Orlando | FL | 32801 | |
| | 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 as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

| Title: | | Name and Address: |
|-----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | Authorized Member | |
| "MGR" = M: AMBR | mager | Melissa Vance |
| | | 108 Lake Ave |
| | | Orlando FL 32801 |
| MGR | | Melissa Vance |
| | | 108 Lake Ave |
| | | Orlando FL 32801 |
| | | |
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| | | |
| LE V: Effective date is | ent if necessary) re date, if other than the dat listed, the date must be s | e of filing: <u>filing date</u> . (OPTIONAL) pecific and cannot be more than five business days prior to or 90 days |
| LE V: Effective date is of filing.) | re date, if other than the dat listed, the date must be s | pecific and cannot be more than five business days prior to or 90 days meet the applicable statutory filing requirements, this date will not be list |
| LE V: Effective date is of filing.) If the date inseument's effection | re date, if other than the dat listed, the date must be sp rted in this block does not | pecific and cannot be more than five business days prior to or 90 days meet the applicable statutory filing requirements, this date will not be list |
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| LE V: Effective date is of filing.) If the date inseument's effection | re date, if other than the dat listed, the date must be specified in this block does not we date on the Department rovisions, if any. | meet the applicable statutory filing requirements, this date will not be list of State's records. |
| LE V: Effective date is of filing.) If the date inseument's effection | re date, if other than the dat listed, the date must be spread in this block does not ve date on the Department rovisions, if any. SIGNATURE: | meet the applicable statutory filing requirements, this date will not be list of State's records. |
| LE V: Effective date is of filing.) If the date inseument's effection | re date, if other than the dat listed, the date must be spread in this block does not ve date on the Departmen rovisions, if any. SIGNATURE: Signature of a man This document is executed in this block does not we do n | meet the applicable statutory filing requirements, this date will not be list of State's records. |
| LE V: Effective date is of filing.) If the date inseument's effection | re date, if other than the dat listed, the date must be spread in this block does not ve date on the Departmen rovisions, if any. SIGNATURE: Signature of a man This document is executed in this block does not we do n | meet the applicable statutory filing requirements, this date will not be list of State's records. Light Van CB- member or an authorized representative of a member. meted in accordance with section 605.0203 (1) (b), Florida Statutes. see information submitted in a document to the Department of State ee felony as provided for in s.817.155, F.S. |
| LE V: Effective date is of filing.) If the date inseument's effection | re date, if other than the dat listed, the date must be spread in this block does not ve date on the Department rovisions, if any. SIGNATURE: Signature of a man This document is exect a man aware that any false constitutes a third degree. | meet the applicable statutory filing requirements, this date will not be list of State's records. Can CB member or an authorized representative of a member. uted in accordance with section 605.0203 (1) (b), Florida Statutes, see information submitted in a document to the Department of State |

Page 2 of 2