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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : OLIVE JUDD, P.A.

Account Number : I20200000171 Phone

: (954) 334 - 2250

Fax Number

: (888) 503 - 5258

 $\mathcal{N}^{\star\star}$ Enter the email address for this business entity to be used for future -annual report mailings. Enter only one email address please.\*\*

..Email Address:\_

# FLORIDA LIMITED LIABILITY CO. MCS FMF, LLC

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# (((H22000073451 3)))

### **COVER LETTER**

TO:	New Filing Sec Division of Co					
SUBJE	MCS FMF	, LLC				
		Name of Li	mited Liabi	lity Company		
The enc	losed Articles of	Organization and fee(s) a	re submitte	d for filing.		
Please n	eturn all corresp	ondence concerning this m	atter to the	following:		2022 TAL
	Nicole M. V	illarroel, Esq.				2022 FEB 25
			Name o	f Person		25 SSI
	Olive Judd,	P.A.				AH 10: 43
			Firm/Co	ompany		0: <b>53</b>
	2426 E. Las	Olas Blvd				Dm W
	<del></del>	·	Add	rcss		-
	Fort Laudero	dale, FL 33301				
	nvillarroel@o		City/State a	nd Zip Code		
		E-mail address: (to be used	for future	annual report notificat	ion)	
For furthe	r information co	ncerning this matter, pleas	e call:			
	Nicole M. Vi	illarroel 9	54	334-2250		
	Nam		rea Code	Daytime Telephon	e Number	
Enclose	d is a check for t	he following amount:				
<b>≣\$</b> 125.	00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certif	i5.00 Filing Fee & ied Copy all copy is enclosed)	□\$160.00 Certificate Certified Co	of Status &
	New F Divisio P.O. B	ng Address iling Section on of Corporations ox 6327 assee, FL 32314		Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Stre Tallahassee, FL 3230	assee et, Suite 810	

## (((H22000073451 3)))

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	Company is:					
MCS FMF, LLC	·					
(Must conta	in the words "Limited 1	Liability Compa	ny, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street ad	dress of the principal o	ffice of the Limi	ted Liability Company is:			
<u>Principa</u>	l Office Address:		Mailing Address:			
2736 Whitman Drive Brooklyn, NY 11234			736 Whitman Drive crooklyn, NY 11234	` 		
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a The name and the Florida street a	cannot serve as its own ctive Florida registration	Registered Ages in.)	gent's Signature: nt. You must designate an individual or	FALL AHASSE	2022 FEB 25	-
	Olive Judd, P.A.	Name		H.C.	AM II	. [
	2426 E. Las Olas Bly	⁄d		DRIOA	AM 10: 43	
	Florida street addres	s (P.O. Box <u>NO</u>	L acceptable)			
	Fort Lauderdale	FI <u>.</u>	33301			
	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)

Fax:

ARTICLE IV-

# (((H22000073451 3)))

Title:		Name and Address:	
"AMBR" = Auth			
"MGR" = Manag			
Authorized Me	mber	MCS Realty Associates, LLC	<del></del>
		2736 Whitman Drive Brooklyn, NY 11234	<del></del>
		DIOUNIYIC IVI 1120V	<del></del>
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