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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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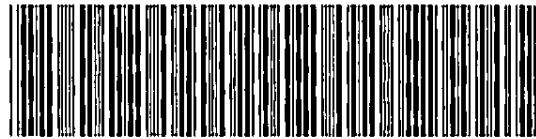
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 13 2019

K Brumpley

COVER LETTER

**TO: New Filing Section
Division of Corporations**
P.O. Box 6327 Clifton Building
Tallahassee, FL 32314

SUBJECT: 1422 MVD, LLC

The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:

Alexander S. Keenan, Esq.
c/o The Law Office of Alexander Sherwood Keenan, PLLC
20 Corporate Park Drive, Suite C
Hopewell Junction, NY 12533

E-mail address: (to be used for future annual report notification):
1422mvdllc@gmail.com

For further information concerning this matter, please call:

Alex Keenan
845-345-2123

Enclosed is a check for the following amount:

\$155.00
Filing Fee & Certified
Copy

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

1422 MVD, LLC

ARTICLE II - Address:

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

Principal Office Address: 42 Wintergreen Place
Hopewell Jct, New York, 12533

Mailing Address: 42 Wintergreen Place
Hopewell Jct, New York 12533

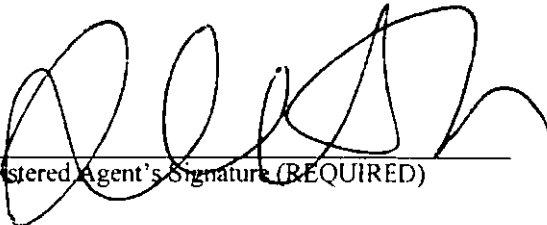
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Andrew Booth
1437 Deuce Circle
Davenport, FL 33896

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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)

ARTICLE IV-

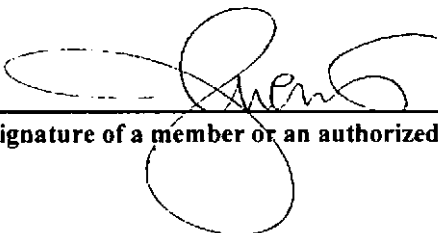
The name and address of each person authorized to manage and control the Limited Liability Company:

Title:	Name and Address:
AMBR	Terence Owens 42 Wintergreen Place Hopewell Jct, NY 12533
AMBR	Junelayne Owens 42 Wintergreen Place Hopewell Jct, NY 12533

ARTICLE V: Effective date, if other than the date of filing: _____

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

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.

Junelayne Dale Owens

Typed or printed name of signee