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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0383

AL

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

LIMITED LIABILITY COMPANY

M.B. AUSTIN, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

M.B. AUSTIN, LLC

ARTICLE II - Address

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

**\$300 NW 33 AVENUE STE 117
FORT LAUDERDALE, FL 33309**

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

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

ALLAN SERCHAY

Name

\$300 NW 33 AVENUE STE 117

Florida Street address (P.O. Box **NOT** acceptable)

FORT LAUDERDALE, FL 33309

City, State, and 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 608, F.S.



Registered Agent's Signature

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
02 MAR 15

Article IV - Management (Check box if applicable.)

- ☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

Bruce Beryl Fisher

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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Bruce Beryl Fisher

Typed or printed name of signer

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
02 MAR 15