## The Monts Household

5134 Mill Stream Rd Occee FL 34761-8120

City/State/Zip

CR2E031(7/97)

Phone #

100006418511--8 -07/16/02--01006--001 \*\*\*\*125.00 \*\*\*\*125.00

Office Use Only

CORPORATION NAME(S) & DOC	CUMENT NUMBER(S), (II Known):
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☐ Walk in ☐ Pick up time		Certified Copy
☐ Mail out ☐ Will wait	Photocopy	Certificate of Status
NEW FILINGS	<u>AMENDMENTS</u>	
<ul> <li>□ Profit</li> <li>□ Not for Profit</li> <li>□ Limited Liability</li> <li>□ Domestication</li> <li>□ Other</li> </ul>	Amendment Resignation of R.A. Change of Register Dissolution/Withdra Merger	red Agent
OTHER FILINGS	REGISTRATION/QU	ALIFICATION
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other	Examiner's Initials

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

MAC, LLC

## ARTICLE II - Address:

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

5134 Mill Stream Rd Occore, FL 34761

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

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

Anthony L. Morri's

S134 Mill Stream Rd

Florida street address (P.O. Box NOT acceptable)

Occore FL 34761

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

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)

Signature of a member or 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.)

An Hony L. Morri'S
Typoli or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

S 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)