

L03000027403

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

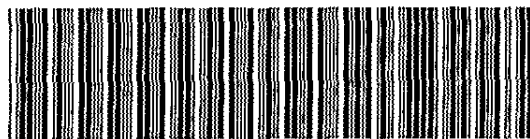
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

To: Registration Section
Division of Corporations

Subject: M.A.C., LLC

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mark Cooper
M.A.C., LLC
13333 N. 56th St.
Tampa, FL. 33617

For further information concerning this matter, please call:

Alan L. Bergman, CPA at (813) 855-0139.

Street Address:
Registration Section
Division of Corporation
409 E. Gaines St.
Tallahassee, FL. 32399

Mailing Address:
Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL. 32314

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:

The name of the Limited Liability Company is: M.A.C., LLC

ARTICLES II – Address:

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

Principal Office Address:

13333 N. 56th St
Tampa, FL. 33617

Mailing Address:

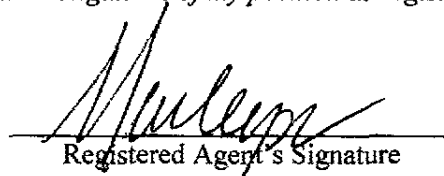
13333 N. 56th St..
Tampa, FL. 33617

ARTICLES III – Registered Agent, Registered Office & Registered Agent's Signature:

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

Mark Cooper
7219 Colonial Lake Drive.
Riverview, FL. 33569

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 the Chapter 608, F.S.


Registered Agent's Signature

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ARTICLE IV – Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

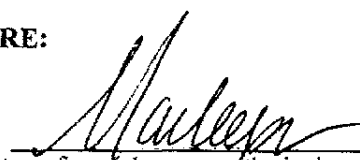
Title:

Name and Address:

Manager

Mark Cooper
7219 Colonial Lake Drive.
Riverview, FL. 33569

REQUIRED SIGNATURE:



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.)

Filing Fees:

\$100.00 Filing Fee for Articles of Organization
\$25.00 Designation of Registered Agent
\$30.00 Certified Copy (Optional)
\$5.00 Certificate of Status (Optional)

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