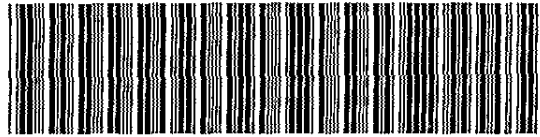


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DEPT. OF STATE  
TALLAHASSEE, FLORIDA



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AL |

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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**TRANSMITTAL LETTER**

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03 DEC 15 PM 1:44  
TALLAHASSEE, FLORIDA

Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

**SUBJECT** **MV, LLC.**  
(Proposed corporate name - must include suffix)

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

**FROM:** **Cristina Espinosa-Mendoza, C.P.A.**  
Name (Printed or typed)  
**8325 SW 54 Avenue**  
Address  
**Miami, FL 33143**  
City/State/Zip  
**(305) 666-3924**  
Daytime Telephone Number

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

FILED  
03 DEC 15 PM 1:44  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

*The undersigned subscriber to these Articles of Incorporation is a natural person competent to contract and hereby form a Corporation for profit under Chapter 608 of the Florida Statutes.*

**ARTICLE I  
NAME**

The name of the Limited Liability Company shall be:

**MV, LLC.**

**ARTICLE II  
ADDRESS**

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

**Principal Office Address:**  
8325 SW 54<sup>th</sup> Avenue  
Miami, FL 33143

**Mailing Address**  
8325 SW 54<sup>th</sup> Avenue  
Miami, Florida 33143

**ARTICLES III  
REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S  
SIGNATURE**

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

Cristina Espinosa-Mendoza, CPA

\_\_\_\_\_  
**Name**

8325 SW54th Avenue

\_\_\_\_\_  
**Florida street address (PO Box NOT acceptable)**

Miami, Florida 33143

\_\_\_\_\_  
**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 designed in this certificated, 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, Florida Statutes



Registered Agent's Signature

#### ARTICLE IV MANAGER (S) OR MANAGING MEMBER (S)

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

<u>Title</u>	<u>Name &amp; Address</u>
MGRM	Manuel Vigil 8325 SW 54 <sup>th</sup> Avenue Miami, Florida 33143

#### 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)

Manuel Vigil

Typed or printed name of signee

#### 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)