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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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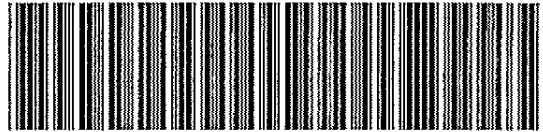
(Business Entity Name)

(Document Number)

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FILED
04 FEB 17 PM 3:30
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MBX2 HOLDINGS LLC
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

BRIAN LUDDEN
(Name of Person)

(Firm/Company)

224 SW 21ST STREET
(Address)

CAPE CORAL FL 33991
(City/State and Zip Code)

ST. LUCIE COUNTY
TALLAHASSEE, FLORIDA

04 FEB 17 PM 3:30

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For further information concerning this matter, please call:

BRIAN LUDDEN at (239) 209-6923
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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

FILED
04 FEB 17 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

MBX2 HOLDINGS LLC

ARTICLE II - Address:

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

Principal Office Address:

224 SW 21ST STREET
CAPE CORAL, FL 33991

Mailing Address:

224 SW 21ST STREET
CAPE CORAL, FL 33991

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

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

BRIAN LUDDEN
Name

224 SW 21ST STREET
Florida street address (P.O. Box **NOT** acceptable)

CAPE CORAL FLORIDA 33991
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, Florida Statutes..

Brian Ludden

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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

BRIAN LUDDEN
224 SW 21ST STREET
CAPE CORAL, FL 33991

MGRM

MARIUSZ BIELECKI
165 SE 18TH STREET
CAPE CORAL, FL 33991

MGRM

WILLIAM ARDOLINO
1260 21ST STREET NW #803
WASHINGTON, DC 20036

MGRM

MIKE McDONNELL
348 SW 29TH PLACE
CAPE CORAL, FL 33991

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Brian Ludden
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.)

BRIAN LUDDEN
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)