

W40000042466

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

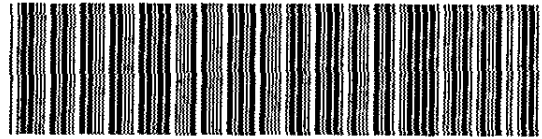
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

6/1 FLIC

Office Use Only



400036467484

06/01/04--01052--015 **125.00

MJH

04 JUN - 1 PM 3:19

FILED

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MRB Distributors, 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:

Brad Root
(Name of Person)

MRB Distributors, LLC
(Firm/Company)

37520 Martindale Ave
(Address)

Zephyrhills FL 33542
(City/State and Zip Code)

For further information concerning this matter, please call:

Brad Root at (813) 997-1627
(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

ARTICLE I - Name:

The name of the Limited Liability Company is:

MRB Distributors, LLC

ARTICLE II - Address:

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

Principal Office Address:

37520 Martindale Ave
Zephyrhills FL
33542

Mailing Address:

Same

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

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

Brad Root
Name
37520 Martindale Ave
Florida street address (P.O. Box NOT acceptable)
Zephyrhills FL 33542
City, State, and Zip

FILED
04 JUN - 1 PM 3:19

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..

Brad Root
Registered Agent's Signature

(CONTINUED)

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:

MGR.

Michael C. RANDALL
11650 MEADOW LANE
DADE CITY, FL 33525

MGR

RICHARD W. WILKINSON
13905 19th St.
DADE CITY, FL 33525.

MGR

BRADLEY Root.
37520 MARTINDALE AVE
ZEPHYRHILLS, FL 33542

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Brad Root
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.)

Brad Root
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)