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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

05 MAR 16 PM 12:01

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MVSS, 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:

Susan Rosen

(Name of Person)

Wanda T. Ruhn, P.A.

(Firm/Company)

1699 Coral Way Suite 315

(Address)

Miami, Florida 33141

(City/State and Zip Code)

For further information concerning this matter, please call:

Susan Rosen

(Name of Person)

at

305, 858-4242

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee &
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|---|--|--|

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

05 MAR 16 PM 3:00
TALLAHASSEE, FLA

**ARTICLES OF ORGANIZATION
OF
MUSS, LLC**

The undersigned, for purpose of forming a limited liability company under the Florida Liability Company Act, F.S. Chapter 608, hereby make, acknowledge and file the following Articles of Organization.

ARTICLE I- NAME

The name of the limited liability company shall be MUSS, LLC

Article II- ADDRESS

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

Principal Office Address:

3590 Main Highway
Coconut Grove, Florida 33133

Mailing Address

3590 Main Highway
Coconut Grove, Florida 33133

**ARTICLE III-REGISTERED AGENT, REGISTERED OFFICE
AND REGISTERED AGENT'S SIGNATURE:**

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

Mario Caballero
3590 Main Highway
Coconut Grove, Florida 33133

Having been names 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

05 MAR 16 PM 1:11
TALLAHASSEE

ARTICLE IV- Manager or Managing Member

Title:

Name and Address

MGR= Manager

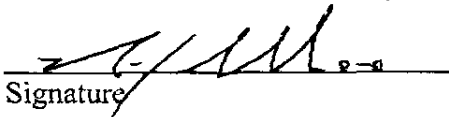
MGRM= Managing Member

MGR/MGRM

Mario Caballero

3590 Main Highway

Coconut Grove, Florida 33133


Signature

Mario Caballero

FILED
05 MAR 16 PM 12:02
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA