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| (R | lequestor's Name) | |
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| (C | city/State/Zip/Phon | ne #) |
| PICK-UP | ☐ WAIT | MAIL |
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| (B | usiness Entity Na | me) |
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| (D | ocument Number |) |
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| Certified Copies | Certificate | s of Status |
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| Special Instructions to | Filing Officer: | |
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TRANSMITTAL LETTER

| TO: Registration Division o | n Section f Corporations | | |
|-----------------------------|--|--|--|
| SUBJECT: | | MC Bentley LLC | |
| | (Name of Limite | ed Liability Company) | |
| The enclosed Articl | es of Organization and fee(s) are s | submitted for filing. | |
| Please return all con | respondence concerning this matte | er to the following: | |
| | | Erica McClymont | |
| | 0 | Name of Person) | 0 13 |
| | | | TIMS APR 29 PH 2: 10 THE CORPORATIONS OFFICE FLORIDA OFFICE |
| | | MC Bentley LLC | E PR |
| | (| Firm/Company) | #AS 29 |
| | | | SEE OR |
| | | 749 NW 42nd Ave | in Section |
| | | (Address) | ORIGINA ORIGINAL ORIGINA ORIGIN |
| | | | 声 表 |
| | | Plantation, FL 33317 | |
| | (City | /State and Zip Code) | |
| For further informat | ion concerning this matter, please | call: | |
| Erica Mcclymont | | at (954) 736-6959 | |
| | (Name of Person) (Area Code & Daytime Telephone Number) | | elephone Number) |
| Enclosed is a chec | k for the following amount: | | |
| □ \$125.00 Filing F | fee ⊘ \$130.00 Filing Fee & Certificate of Status | ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | TREET ADDRESS: | MAILING A | |
| Di | egistration Section vision of Corporations 19 E. Gaines Street | Registration S Division of C P.O. Box 632 | orporations |

Tallahassee, Florida 32314

409 E. Gaines Street Tallahassee, Florida 32399

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: | |
|---|--|
| The name of the Limited Liability Compa | any is: |
| | 1 2 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 |
| MC Bentley LLC | |
| ARTICLE II - Address: | The second secon |
| | f the principal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 749 NW 42nd Ave | 749 NW 42nd Ave |
| Plantation, FL 33317 | Plantation, FL 33317 |
| | |
| | the record of the same of the same |
| | isterea Office. & Registerea Agent's Signature: |
| ARTICLE III - Registered Agent, Regi | interest Critical de 110Binterest 118011 i Bright |
| The name and the Florida street address of | |
| The name and the Florida street address of | of the registered agent are: |
| The name and the Florida street address of | |
| The name and the Florida street address of En | of the registered agent are: ica McClymont Name |
| The name and the Florida street address of Eri | of the registered agent are: |
| The name and the Florida street address of Eri | of the registered agent are: ica McClymont Name NW 42nd Ave treet address (P.O. Box NOT acceptable) |
| The name and the Florida street address of Ericano Table 19749 Florida st | of the registered agent are: ica McClymont Name NW 42nd Ave |

(CONTINUED)

Page 1 of 2

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: |
|-------------------------------------|---|
| "MGR" = Manager | |
| "MGRM" = Managing Member | • |
| | |
| MGRM | Erica McClymont |
| | 749 NW 42nd Ave |
| | Plantation, FL 33317 |
| MGRM | Erica McClymont 749 NW 42nd Ave Plantation, FL 33317 Benson Ellis 749 NW 42nd Ave Plantation, FL 33317 Hacther Clarks |
| | 749 NW 42nd Ave |
| | Plantation, FL 33317 |
| | 3/1/0 |
| MGRM | Heather Clarke |
| | 749 NW 42nd Ave |
| | Plantation, FL 33317 |
| | |
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| (Use attachment if necessary) | |
| | TRITION OF ALCOHOLOGICAL |
| NOTE: An additional article must be | added if an effective date is requested. |
| DECLIDED CICNATUDE. | |
| REQUIRED SIGNATURE: | |
| | MCA |
| CNC | Wet light I |
| Signature of a member or | an authorized representative of a member. |
| • | \mathcal{I} |
| | 608.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury |

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

that the facts stated herein are true.)

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

Erica McClymont
Typed or printed name of signee