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(Requestor's Name)
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COVER LETTER

Division of Co				
SUBJECT:	Mizik De	pot, LLC		
	(Name of Limited	Liability Comp	oany)	
The enclosed Articles o	f Organization and fee(s) are su	ıbmitted for filir	ng.	
Please return all corresp	ondence concerning this matter	r to the followin	ıg:	
		Berthol Ba	azile	
	O	Name of Person)		• .
	Mizik	Depot, L	LC	
	O	Firm/Company)		- "··.
	14960	S Spur [(Address)	Drive	
	,	(Address)		
		iami, FL		
	(City)	State and Zip Co	de)	
For further information	concerning this matter, please	call:		
Maxo	Sinal	at (954_	893-14	23 elephone Number)
(Name	of Person)	(Area Co	ode & Daytime T	elephone Number)
Enclosed is a check for	or the following amount:			
S125.00 Filing Fee	✓ \$130.00 Filing Fee & Certificate of Status	S155.00 Certified Co	ру	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registra Dívisio Clifton 2661 E	Courier Addresation Section of Corporation Building executive Centersec, FL 32301	ons r Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nam	e:		
	nited Liability Compan	ny is:	
.			
	k Depot, LLC "Limited Liability Company,"	"Limited Company" or their abbreviation "LLC," or "L.C.,")	
ARTICLE II - Add	lwagge		
		the principal office of the Limited Liability Compan	y is:
Principal Office Ac	<u>idress:</u>	Mailing Address:	
14960 S Spur Drive		3600 S State Rd 7 Suite 253	
North Miami, FL 331	61	Miramar, FL 33023	
			-
business entity with an ac	lorida street address of	Romeus Name	-17
		Name 3	سعربير. عصدس _ي
-		145th Street	-
		eet address (P.O. Box <u>NOT</u> acceptable)	
	North Mi	iami, FL 33161	-
	Cny, s	state, and Zip	
liability compan registered agent an statutes relating to	ry at the place designate ad agree to act in this ca o the proper and comple	nd to accept service of process for the above stated linged in this certificate, I hereby accept the appointment of appointment of the provisions of the performance of my duties, and I am familiar with a registered agent as provided for in Chapter 608, F.S.	as of all and
	yes Rome	Signature (REQUIRED)	
	 Kegistered Agent's 	Signature (REQUIRED)	

(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:

	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
moral managing momon	
MGR	Jean Berthol Bazile
	14960 S Spur Drive
	North Miami, FL 33161
· · ·	
(Use attachment if necessary)	
FICLE V: Effective date, if other than t	the date of filing:
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FICLE V: Effective date, if other than to effective date is listed, the date must r 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a men (In accordance with of this document co	t be specific and cannot be more than five business days p
FICLE V: Effective date, if other than to effective date is listed, the date must r 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a men (In accordance with of this document co	t be specific and cannot be more than five business days personant authorized representative of a member. Section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)