

206000044344
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Florida Department of State
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To:
Division of Corporations
Fax Number : (850) 205-0383

From:
Account Name : HUBCO
Account Number : 104662003400
Phone : (516) 935-3940
Fax Number : (516) 935-3088

FLORIDA/FOREIGN LIMITED LIABILITY CO.

MAC Enterprises, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE I - Name

The name of the Limited Liability Company is: **MAC Enterprises, LLC**

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TALLAHASSEE, FLORIDA

ARTICLE II - Address

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

Principal Office Address:

Mailing Address:

720 Thorpe Road, Lot 4

4524 Curry Ford Road, Suite 260

Orlando, FL 32824

Orlando, FL 32812

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

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

Amaury O. Machado

Name

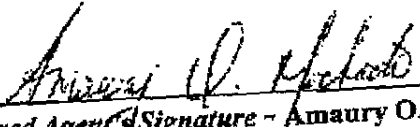
4524 Curry Ford Road, Suite 260

(P.O. Box or Mail Drop Box **NOT** Acceptable)

Orlando, FL 32812

(City / State / 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, F.S.


Registered Agent's Signature - Amaury O. Machado

ARTICLE IV - Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

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Title:
"MGR" = Manager
"MGRM" = Managing Member

Name and Address:

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TALLAHASSEE, FLORIDA

MGRM

Amaury O. Machado- 4524 Curry Ford Road, Suite 260, Orlando, FL 32812

MGRM

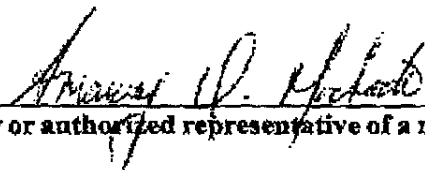
Carlos Amador- 720 Thorpe Road, Lot 4, Orlando, FL 32824

MGRM

Mannel A. Perez- 5626 Axiom Avenue, Orlando, FL 32839

(Use attachment if necessary)

REQUIRED SIGNATURE:



Signature of a member or 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.)

Amaury O. Machado

Typed or printed name of signee