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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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ECRETARY OF STATE

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COVER LETTER

Division of Co			
SUBJECT: MC - P	CV at Victoria Park LI	LC	
- ALL CONTROL OF THE PARTY OF T		d Liability Company)	
The enclosed Articles of	f Organization and fee(s) are s	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
Maysel Co			
 	0	Name of Person)	
MC - PCV	at Victoria Park LLC		
	(Firm/Company)	
151 NE 16	S AVE Unit 270		
		(Address)	
Ft Lauder	dale, FL 33301	•	
	(City.	/State and Zip Code)	
For further information	concerning this matter, please	call:	
Maysel Correa		at (954) 815-820	
(Name	of Person)	(Area Code & Daytime To	elephone Number)
Enclosed is a check for	or the following amount:		
\$125.00 Filing 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)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addres Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	Lan Sait
The name of the Limited Liability Company is:	2131106
MC - PCV at Victoria Park LLC	
(Must end with the words "Limited Liability Company, "Limite	d Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	
The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
151 NE 16 AVE Unit 270	151 NE 16 AVE Unit 270
Ft Lauderdale, FL 33301	Ft Lauderdale, FL 33301
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	
The name and the Florida street address of the re	egistered agent are:
Maysel Correa	
Name	
151 NE 16 AVE Unit 270	·
Florida street add	ress (P.O. Box <u>NOT</u> acceptable)

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..

City, State, and Zip

Registered Agent's Signature (REQUIRED)

Ft Lauderdale, FL 33301

(CONTINUED) Page 1 of 2 06 JUH -7 PM 2:59

APROVED

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

"MGR" = M "MGRM" =	anager Managing Member	Name and Address:
MGR		Maysel Correa
		151 NE 16 AVE Unit 270
		Ft Lauderdale, FL 33301
		· · · · · · · · · · · · · · · · · · ·
· · · · · · · · · · · · · · · · · · ·		
(Use attachm	ient if necessary)	
CLE V: Effect effective date it to days after the	is listed, the date must in the date of filing.)	e date of filing: 5-31-2006 (OPTIONAL) be specific and cannot be more than five business days pri
CLE V: Effect effective date it to days after the	tive date, if other than this listed, the date must	e date of filing: 5-31-2006 (OPTIONAL) be specific and cannot be more than five business days pri
CLE V: Effect effective date it to days after the	tive date, if other than the is listed, the date must be date of filing.)	e date of filing: 5-31-2006 (OPTIONAL) be specific and cannot be more than five business days pri
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CLE V: Effect effective date it to days after the	tive date, if other than the is listed, the date must be date of filing.) SIGNATURE: Signature of a member of a	be specific and cannot be more than five business days pri per or an authorized representative of a member. ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury
CLE V: Effect effective date it to days after the	tive date, if other than the is listed, the date must be date of filing.) SIGNATURE: Signature of a member of this document constitutions.	be specific and cannot be more than five business days pri per or an authorized representative of a member. ection 608.408(3), Florida Statutes, the execution stitutes 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)

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