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| Special Instructions to | Filing Officer: | |
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LIFECTIVE DATE

COVER LETTER

| TO: Registration Section Division of Corporations | |
|---|--|
| SUBJECT: M+ H ENJER (Name of | Dryses L. L. C. Limited Liability Company) |
| The enclosed Articles of Organization and fee(s | s) are submitted for filing. |
| Please return all correspondence concerning thi | s matter to the following: |
| To me | es Mastro |
| Jane | (Name of Person) |
| | |
| | (Firm/Company) |
| 5708 8 | 99 Accord |
| Braden | 700, Fl 34208 |
| NY SISTORY | (City/State and Zip Code) |
| For further information concerning this matter, | please call: |
| James Martin | at (94) 5/8-9672 FG E (Area Code & Daytime Telephone Number) |
| (Name of Person) | at 94/ 5/8-9672 ALE CAREA Code & Daytime Telephone Number) ARR TELEPHONE Number) ARR TELEPHONE Number) TELEPHONE NUMBER N |
| Enclosed is a check for the following amou | |
| \$125.00 Filing Fee \$130.00 Filing Fee Certificate of Status | (additional copy is enclosed) Certified Copy |
| | (additional copy is enclosed) ∞ |
| Mailing Address Registration Section Division of Corporat P.O. Box 6327 Tallahassee, FL 323 | Clifton Building |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| The name of the Limited Liability Co | ompany is: |
|---|---|
| M+H ENTER prise (Must end with the words "Limited Liability Cor | mpany, "Limited Company" or their abbreviation "LLC," or "L.C.,") |
| ARTICLE II - Address: The mailing address and street addre | ss of the principal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |

| 5708 29 Ave DRE | Same |
|-----------------|------|
| Braden Ton, El | |
| 34208. | |
| | |

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

ARTICLE I - Name:

Staden 7 on FL 34268

City, State, and 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..

(CONTINUED) Page 1 of 2

The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **REQUIRED SIGNATURE:** Signature of a member or an 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.)

Filing Fees:

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

ARTICLE IV- Manager(s) or Managing Member(s):

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