

607000076084

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

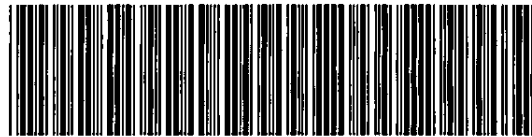
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100106089731

07/23/07--01017--023 \*\*130.00

FILED  
2007 JUL 23 PM 1:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

607-76084  
AR

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: MK Online Business, LLC**  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Martin Storni**

(Name of Person)

**MK Online Business, LLC**

(Firm/Company)

**14640 Bull Run Road Suite # 219**

(Address)

**Miami Lakes, FL 33014**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Cynthia Marrot**

(Name of Person)

at **( 305 ) 718-3974 ext 8**

(Area Code & Daytime Telephone Number)

Enclosed is a check for 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 Address**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

2007 JUL 23 PM 1:11  
FILED  
TALLAHASSEE, FL  
SECRETARY OF STATE

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

MK Online Business, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

## ARTICLE II - Address:

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

### Principal Office Address:

Martin Storni

### Mailing Address:

14640 Bull Run Road Suite # 219, Miami Lakes FL 33014

## 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:

Martin Storni

Name

14640 Bull Run Road Suite # 219

Florida street address (P.O. Box **NOT** acceptable)

Miami Lakes, FL 33014

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..*

  
\_\_\_\_\_  
Registered 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:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Martin Storni

14640 Bull Run Road Suite # 219

Miami Lakes, FL 33014

MGRM

Carlos M Romero

11453 NW 78th Ter.Doral, FL 33178.

MGRM

Roberto S Romero

18092 SW 29th Lane

Miramar, FL 33029

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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.)

Martin Storni

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2007 JUL 23 PM 1:14

FILED

**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)**