

L100000017540

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

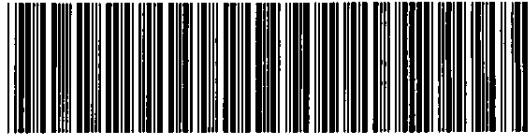
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



600168061216

02/16/10--01021--009 \*\*125.00

RECEIVED

10 FEB 16 AM 10:49

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

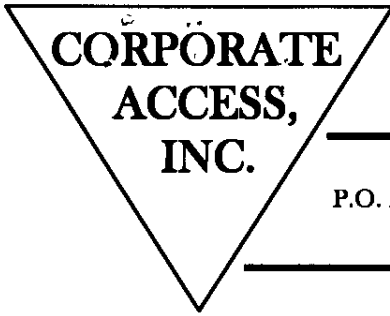
FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

10 FEB 16 PM 1:06

B. KOHR

FEB 16 2010

EXAMINER



*When you need ACCESS to the world*

236 East 6th Avenue . Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

## WALK IN

PICK UP:

2/16 Emily

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 FEB 16 PM 1:06

☐ CERTIFIED COPY

☒ PHOTOCOPY

☐ CUS

☒ FILING

LLC

1. MPA Family Holdings, LLC  
(CORPORATE NAME AND DOCUMENT #)

2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 FEB 16 PM 1:06

ARTICLES OF ORGANIZATION FOR  
MPA FAMILY HOLDINGS, LLC,  
a Florida limited liability company

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. The effective date for the formation of this limited liability company is February 12, 2010.

ARTICLE I - NAME

The name of this limited liability company shall be "MPA FAMILY HOLDINGS, LLC"

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is 4535 South Atlantic Avenue, #2301, Ponce Inlet, Florida 32127.

ARTICLE III - MANAGEMENT

The Limited Liability Company is to be managed by one or more Managers, and is, therefore, a Manager managed company. The initial Managers are Mafalda P. Allen and Carol J. Allen.

ARTICLE IV - PURPOSE

The purpose of this limited liability company is to invest and reinvest its capital for security, growth, income and any other investment and business purposes.

ARTICLE V

REGISTERED AGENT, REGISTERED OFFICE  
AND REGISTERED AGENT'S SIGNATURE

The name and Florida street address of the registered agent is CAROL J. ALLEN located at 4535 South Atlantic Avenue, #2301, Ponce Inlet, Florida 32127. 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..

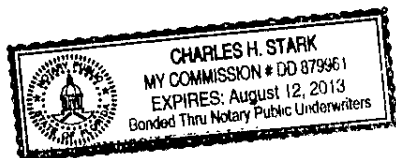
Dated this 8<sup>th</sup> day of February, 2010.


  
Carol J. Allen, Manager and Registered Agent

STATE OF FLORIDA

COUNTY OF Volusia

The foregoing Articles of Organization were acknowledged before me this 8<sup>th</sup> day of February, 2010, by CAROL J. ALLEN. Said persons did not take an oath and (check one) ☐ are personally known to me or ☒ produced a valid drivers license (issued by a state of the United States within the last five (5) years) as identification.



  
Charles H. Stark  
Notary Public - State of Florida  
Commission Number:  
My Commission Expires: