L10000027241

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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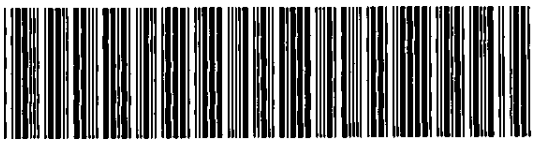

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03/02/10--01049--015 **238.75

03/02/10--01049--016 **5.00

FILED
2010 MAR 10 AM 10:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

MAR 11 2010

EXAMINER

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 4, 2010

VICTORIA ZAPATA
MVPSAA.LLC
2116 E. GRANT ST., STE. A
ORLANDO, FL 32806

SUBJECT: MVPSAA. LLC
Ref. Number: W10000011151

We have received your document for MVPSAA. LLC and your check(s) totaling $243.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Our records show no entity by this name.

If you have any further questions concerning your document, please call (850) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 510A00005437

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

MUPSAA, 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:

2116 Grant st. apt # A.
Orlando FL. 32806

Mailing Address:

2116 Grant st. apt # A.
Orlando FL. 32806

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:

Victoria L Zapata
Name

2116 Grant st. apt # A.
Florida street address (P.O. Box **NOT** acceptable)

Orlando FL 32806
City, State, and Zip

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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..

Victoria L Zapata
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

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:**
MGR	Charles S. West 216 E Grant St. apt # A. Orlando FL. 32806

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 03-09-10 . (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:

Victoria L Zapata
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.)

Victoria L. Zapata
Typed or printed name of signee

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)