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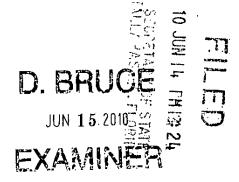
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
(CI	iy/State/Zip/Pnone	: #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



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COVER LETTER

TO:	Registration S Division of C				
SUBJE	ст: <u>М</u> а	TOTA ENTETPTISE Name of Limit	ed Liability Company		
The enc	losed Articles of	of Organization and fee(s) are	submitted for filing.		
Please r	eturn all corres	pondence concerning this mat	ter to the following:		
-	• • • • • • • • • • • • • • • • • • • •	STEVEN R	Name of Person		
	.4				
-	<u>IN</u>	ARBRA ENtery	Prises III, LL Firm/Company	C	
_	3389	9 Sheridan	St. #133		
3389 Sheridan St. #133 Address HOLLYWOOD, FL 33021 City/State and Zip Code					
	<_`	Cit	y/State and Zip Code		
_	2/1	TENO/OE 90	for future annual report notification)	#24	
For furti		concerning this matter, please		NO JUN	anura yan
517	EVEN RIF	FKIN	at (954) 483 - Area Code & Daytime Tele	4008 B	
	Name	of Person	Area Code & Daytime Tele	phone Number	
Enclose	ed is a check for	or the following amount:		STATE LONG	
\$125.0	0 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	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	Street/Courier Address Registration Section Division of Corporations	S	

Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
MALBRA ENGETPTSES II (Must end with the words *Limited Liability C	Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street address of the principal address and street address of the principal address.	ipal office of the Limited Liability Company is:			
Principal Office Address:	<u> Iailing Address:</u>			
3389 Sheridan St #133 Howywood, FL 33021	SAME			
ARTICLE III - Registered Agent, Registered Of (The Limited Liability Company cannot serve as its own Registered business entity with an active Florida registration.) The name and the Florida street address of the regis	Agent. You must designate an individual or another stered agent are:			
STEVEN K	1HKIN BO BO			
STEVEN R Name 3389 Sherida	(P.O. Box <u>NOT</u> acceptable)			
Florida street address Hollywood Fl City, State, a	(P.O. Box NOT acceptable)			
City, State, a	and Zip			
Having been named as registered agent and to acceliability company at the place designated in this registered agent and agree to act in this capacity. I statutes relating to the proper and complete perfor	certificate, I hereby accept the appointment as further agree to comply with the provisions of al mance of my duties, and I am familiar with and			
accept the obligations of my position as registered	ll_			
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: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member MGRM (Use attachment if necessary) (OPTIONAL) **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.) 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)