L12-0000780T7

(Requestor's Name)	
(Address)	
(Address)	
` ,	
(6)-(6)-(7)-(6)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	-
(Business Entity Name)	
(Document Number)	
,	
Certified Copies Certificates of Status	
Certificates of Status	
Special Instructions to Filing Officer:	
	ď

Office Use Only



200235436042

05/31/12--01020--004 **130.00

m

T. CLINE JUN 1 2 2012

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 1, 2012

MARIA CULLIVAR 1340 NW 100TH TER MIAMI, FL 33147

SUBJECT: M.K. ENTERPRISE L.L.C.

Ref. Number: W12000030156

We have received your document for M.K. ENTERPRISE L.L.C. and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LEGO". The word "Limited" may be abbreviated as "Ltd." andthe word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company", "L.C.", and "LC".

The document number of the name conflict is L07000051380.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammi Cline Regulatory Specialist II

Letter Number: 212A00015710

COVER LETTER

TO:

Registration Section

Division of Corpora	tions		
SURJECT. M. K. Ent	ernrise		
SUBJECT: IVI. N. EIII		Liability Company	
The enclosed Articles of Orga	nization and fee(s) are su	bmitted for filing.	
Please return all corresponden	ce concerning this matter	to the following:	
Maria Cullive	er		
	N	lame of Person	
M.K. Er	Harriso		
		Firm/Company	
1340 NW 10	Oth Ter		
		Address	
Miami, Florida	33147		·
	City/	State and Zip Code	
mculliver11@ac		future annual report notification)	
For further information conce		•	
Maria Culliver		at (786) 556-0370	
Name of Pers		Area Code & Daytime Tele	ephone Number
Enclosed is a check for the	following amount:		
	30.00 Filing Fee & [ertificate 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)
Re Di P.C	diling Address gistration Section vision of Corporations D. Box 6327 llahassee, FL 32314	Street/Courler Address Registration Section Division of Corporation Clifton Building 2661 Executive Center (Tallahassee, FL 32301	s

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

(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:	Mailing Address:
1340 NW 100th Ter	P.O. Box 69-3116
Miami, Florida 33147	Miami, Florida 33269

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:

Brain Chappell
Name

865 NW 198th st

Florida street address (P.O. Box <u>NOT</u> acceptable)

Miami FL 33169

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

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

1.5

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGR	Maria Culliver 1340 NW 100th Ter Miami, Florida 33147	
(Use attachment if necessary)	ZOIZ	
(Use attachment if necessary) ARTICLE V: Effective date, if other than the d (If an effective date is listed, the date must be to or 90 days after the date of filing.)	specific and cannot be more than five business days	prior
REQUIRED SIGNATURE:	ORDA	سدرها

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

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)