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SECRETARY OF STATE
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D. BRUCE
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EXAMINER

### **COVER LETTER**

Registration Section TO: Division of Corporations lafano Enterprises, 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: Maxim Ermakov Name of Person MSquared Financial, LLC Firm/Company 15 E Kirby Unit #1017 Address Detroit, Mi 48202 City/State and Zip Code ermakov.msquared@gmail.com . E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Area Code & Daytime Telephone Number Maxim Ermakov Name of Person Enclosed is a check for the following amount: ■\$125.00 Filing Fee □\$130.00 Filing Fee & □\$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company	y is:	
lafano Enterprises, LLC		
(Must end with the words "Limited I	Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of th	e principal office of the Limited Li	iability Company is:
Principal Office Address:	Mailing Address:	
8077 nw 127th In	15 E Kirby St	
Parkland, FI 33076	Unit #1017	
	Detroit, Mi 48202	
The name and the Florida street address of t  Vincent C lafano  No. 8077 nw 127th In	he registered agent are:	2019 JAN -2 A SELECTARY O
Florida stree	et address (P.O. Box NOT acceptable)	—————————————————————————————————————
Parkland	<sub>FL</sub> 33076	
City	y, State, and Zip	32 NTE NUM
Having been named as registered agent and liability company at the place designated registered agent and agree to act in this ca all statutes relating to the proper and com and accept the obligations of my position a	in this certificate. I hereby accept to pacity. I further agree to comply w plete performance of my duties, and	he appointment as ith the provisions of I I am familiar with
(CON)	ΓINUED)	

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:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
Mgrm	Vincent C Iafano
	8077 nw 127th In Parkland, Fl 33076
	Farkianu, Fi 33076
-	
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