## 13000008220

(Requestor's Name)			
(Address)			
(Ad	dress)		
(Cit	ty/State/Zip/Phone	÷#)	
. PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	of Status	
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(850) 245-6051.

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## **COVER LETTER**

TO:	Registration Se Division of Cor		
SUBJE	СТ:	M.G.L Name of	Selvices LLC Weples FC. Limited Liability Company
The end	closed Articles of	Organization and fee(s	) are submitted for filing.
Please 1	eturn all correspo	ondence concerning this	s matter to the following:
-	Mo	21,0 G-	Name of Person
-			MGL Services LLC Notes Fr. Firm/Company
-	S43	10974	Firm/Company  AUR  Address
-	Nap	les	FL. 34/08 City/State and Zip Code Be determine
-		Let to E-mail address: (to be	Be determine used for future annual report notification)
For furt	her information co	oncerning this matter, p	elease call:
Ma	Name o	Lopez Person	at (239) 200-2472  Area Code & Daytime Telephone Number
Enclase	ed is a check for	the following amou	nt:
<b>ব</b> \$125.0	00 Filing Fee	□\$130.00 Filing Fee Certificate of State	
		Mailing Address Registration Section Division of Corporati	Street/Courier Address Registration Section ons Division of Corporations Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is	•
The name of the Emmed Elability Company is	1.
M. G.L.	Services LLC.
(Must end with the words "Limited Liab	oility Company, "L.L.C.," or " )
ARTICLE II - Address:	
	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
543 10974 Ave Naples 126. 34108	S43 109Th Aug Naples Fc. 34108
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.)  The name and the Florida street address of the	registered agent are:
Name	e Naples  ddress (P.O. Box NOT acceptable)
Nalles	FL 34105

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..

City, State, and Zip

Registered Agent's Signature (REOURED

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s)	):
The name and address of each Manager or Managing N	

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

Title: "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	Mario R. Lopez 543 10974 Aug. Naples FL. 34108
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the date (If an effective date is listed, the date must be prior to or 90 days after the date of filing.)	e of filing: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
<b>REQUIRED</b> SIGNATURE:	
Mard G. Signature of a member or a	an authorized representative of a member.
constitutes an affirmation under the p	3), Florida Statutes, the execution of this document enalties of perjury that the facts stated herein are true, submitted in a document to the Department of State rovided 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)

Typed or printed name of signee