(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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J. SAULSBERRY EXAMINER FEB 1 8 2013

**Registration Section** 

TO:

## **COVER LETTER**

Division of Co	orporations		
SUBJECT: MT (	ONSULTANT & DISTO	hutors	
SUBJECT: 171 C		ted Liability Company	
The enclosed Articles of	of Organization and fee(s) are	submitted for filing.	
Please return all corresp	oondence concerning this mat	ter to the following:	
		-	
latiano	a Valcarce I		
		Name of Person	
MIT (OA)	oultant & Dist	ributors	
		Firm/Company	
16329 EV	nerald cove Ro		
		Address	
	61: 2 2 2 2 1		₹ 2
weston	, FL 33331	ty/State and Zip Code	20 <u>13</u>
t a bia	•		FEB .
<u> 10000</u>	E-mail address: (to be used	for future annual report notification)	4
		•	
For further information	concerning this matter, please	e call:	
		manusta series de la casa de la c	<b>Q</b>
Tationa	of Person	at (954) 812-6324 Area Code & Daytime Telephone Nus	<u> </u>
Ivanic	or reison	Area Code & Daytime Telephone Nui	HIDEI
Enclosed is a check f	or the following amount:		
•	-		
<b>23</b> \$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certified Copy Certificational copy is enclosed) Certificational copy is enclosed)	00 Filing Fee, icate of Status & ied Copy onal 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

MT Consultant & Distribute  (Must end with the words "Limited L	of 3 LLC iability Company, "L.L.C.," or "LLC.")	_
· ·	and the state of t	
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liability	Company is:
Principal Office Address:	Mailing Address:	
16329 Emerald Cove Rd.	70 Box 263386	
Weston, fl, 33331	Weston, fl, 33326.	<del>-</del> <del>-</del>
		-
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.)  The name and the Florida street address of the server and the s	egistered Agent. You must designate an individual or are the registered agent are:	
Tatiana Valcar	(CE)	
<u>Tatiana Valcar</u> Ne	ame S	<b>1 1 1 1 1 1 1 1 1 1</b>
Tatiana Valcar Na 16319 Emerald	ime	M 8 06
Na 16379 Emerald	ime	
Na  16319 Emerald  Florida street  We5ton	t address (P.O. Box NOT acceptable)	
Na  16319 Emerald  Florida street  We5ton	t address (P.O. Box NOT acceptable)	

(CONTINUED)

Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MOR	Tationa Valcarce)
~ <del></del>	
(Use attachment if necessary)	
LE V: Effective date, if other than the fective date is listed, the date me	the date of filing:  ust be specific and cannot be more than five busing.)
LE V: Effective date, if other than a ffective date is listed, the date more or 90 days after the date of filing.	ust be specific and cannot be more than five busing.)
LE V: Effective date, if other than the ffective date is listed, the date me or 90 days after the date of filing.  REQUIRED SIGNATURE:	ust be specific and cannot be more than five busing
LE V: Effective date, if other than to ffective date is listed, the date more or 90 days after the date of filing.  REQUIRED SIGNATURE:  Control  Signature of a mem  (In accordance with section of constitutes an affirmation under that any false info	ust be specific and cannot be more than five busing.)
LE V: Effective date, if other than to ffective date is listed, the date mor 90 days after the date of filing.  REQUIRED SIGNATURE:  (In accordance with section of constitutes an affirmation under that any false inforconstitutes a third degree felor	aber or an authorized representative of a member.  608.408(3), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. Formation submitted in a document to the Department of State only as provided for in s.817.155, F.S.)
rective date is listed, the date me or 90 days after the date of filing.  REQUIRED SIGNATURE:  Signature of a mem  (In accordance with section of constitutes an affirmation under that any false inforconstitutes a third degree felor	aber or an authorized representative of a member.  608.408(3), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. Formation submitted in a document to the Department of State

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