

LR300052560

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H13000079797 3)))



H130001797973ABCA

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

APR 10 2013

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)220-1440

L. SELLERS
SERVICE, INC.

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address:

**FLORIDA LIMITED LIABILITY CO.
MCA-MY CONSULTING AGENCY, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

RECEIVED

13 APR -9 PM 12:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

SEEDS OF PLANT
FALLAHSSTE, FLORIDA

13 APR -9 AH 5:55

7
1
1
1
1

H13000079787

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

MCA - My Consulting Agency, LLC

(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:2852 SW 149 PL
Miami, FL 33185**Mailing Address:**2852 SW 149 PL
Miami, FL 33185**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:

Mayte Cabrera
Name2852 SW 149 PL
Florida street address (P.O. Box **NOT** acceptable)
Miami, FL 33185
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..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

H13000079797

FILED
13 APR -9 AM 5:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H13000079797

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

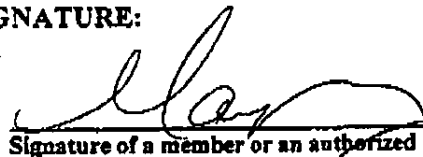
Name and Address:MGRM

Mayte Cabrera
2852 SW 149 PL
Miami, FL 33185

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 4/9/13 (OPTIONAL)
 (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. 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.)

Mayte Cabrera
 Typed or printed name of signer

H13000079797