

(850) 245-6051.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MYKCICI GROCERY & CLEANING 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:

CYRIAQUE FRANCIS KLAO
Name of Person

MYKCICI GROCERY & CLEANING LLC
Firm/Company

1320 LAKE AVENUE #217
Address

TALLAHASSEE, FLORIDA 32301
City/State and Zip Code

CYRO GREEN@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL S. OLAOGUN at (850) 980-0169
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate 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)

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 AUG 19 PM 5:02

APPROVED
AND
FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MYKCICI GROCERY & CLEANING 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:

1320 LAKE AVENUE
#217
TALLAHASSEE, FL 32310

Mailing Address:

1320 LAKE AVENUE
#217
TALLAHASSEE, FL 32310

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 other business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

CYRIACUE FRANCIS KLAO

Name

1320 LAKE AVENUE #217

Florida street address (P.O. Box NOT acceptable)

TALLAHASSEE FL 32310

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 633, F.S.

[Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

Chief Executive Officer
(C.E.O.)

MANAGER

MANAGER

MANAGER

Name and Address:

CYRIACUE FRANCIS KLAD
1320 LAKE AVENUE #217
TALLAHASSEE, FL. 32310

MICHAEL SUPD OLAOGUN
1607 MCCASKILL AVENUE #8
TALLAHASSEE, FL. 32310

JUSTINE YAHISSIA ASSOUMAN
1320 LAKE AVENUE #217
TALLAHASSEE, FL. 32310

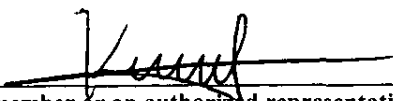
NEHEMIAH KLAD (SON)
1320 LAKE AVENUE #217
TALLAHASSEE, FL. 32310

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 08/20/2013 (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.)

CYRIACUE FRANCIS KLAD

Typed or printed name of signee

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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 AUG 19 PM 5:03

APPROVED
AND
FILED