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SEQRETARY OF STATE
TALLAHASSEE, FLORIDA

K.SALY EXAMINER OCT 15 2013

COVER LETTER

TO: **Registration Section Division of Corporations** Mattricity 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: Carmen De Jesus Name of Person Firm/Company 539 West 4th Street Address Riviera Beach, FL 33404 City/State and Zip Code cdejesus@mattricity.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Carmen De Jesus 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,

Mailing Address

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Certificate of Status

Street/Courier Address

Certified Copy

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Certificate of Status &

(additional copy is enclosed)

Certified Copy

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Na The name of the I	ame: Limited Liability Company is:		EFFECTIVE DATE
Mattricity LLC.			
(N	Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")	
ARTICLE II - A	ddress:		
The mailing addre	ess and street address of the pri	ncipal office of the Limited	Liability Company is:
Principal Office	Address:	Mailing Address:	
539 West 4th Street		539 West 4th Street	
Riviera Beach, FL 334	104	Riviera Beach, FL 33404	
-	n active Florida registration.) Florida street address of the re	egistered agent are:	The w
	Carmen De Jesus		6
	Name		TALKAHASSEE, F
	539 West 4th Street		HO P
	Florida street addi	ress (P.O. Box NOT acceptable)	تا م
	Riviera Beach 33404	FL	3: 5 FLORI
	City, Sta	te, and Zip	DA
liability compo registered agent	ned as registered agent and to a any at the place designated in th t and agree to act in this capaci ating to the proper and complete	nis certificate, I hereby acce ty. I further agree to compl	pt the appointment as y with the provisions of

Registered Agent's signature (REQUIRED)

and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

(CONTINUED)

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:

"MCDM" - Managing Mamba-	Name and Address:
"MGRM" = Managing Member	
MGR	Carmen De Jesus
	539 West 4th Street
	Riviera Beach, FL 33404
New 1111 1111 1111 1111 1111 1111 1111 1	
,	•
 	
	•
Martin Committee of the	
(Use attachment if necessary)	
LE V: Effective date, if other than	the date of filing: January 1, 2014
	ust be specific and cannot be more than five busin
Tective date is listed, the date m	•
ffective date is listed, the date m or 90 days after the date of filing.	,
	,
or 90 days after the date of filing.	,
or 90 days after the date of filing.	S-James .
or 90 days after the date of filing. REQUIRED SIGNATURE: Carma	(
or 90 days after the date of filing. REQUIRED SIGNATURE: Carms Signature of a men	Sagaren .

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

Carmen De Jesus

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee