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(Requestor's Name)

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(City/State/Zip/Phone #)

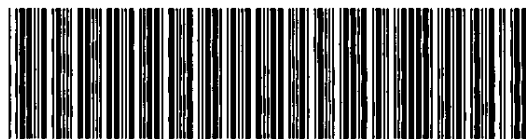☐ PICK-UP   ☐ WAIT   ☐ MAIL

_____
(Business Entity Name)

_____
(Document Number)

Certified Copies _____   Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

EFFECTIVE DATE _01/01/14_

NOV 06 2013

D. BRUCE

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: M.C. Financial & Management Service 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:

Marika Coffey
Name of Person

_____
Firm/Company

1801 Davidson St.
Address

Jacksonville, Fl 32207
City/State and Zip Code

mcfinmgmtsvc@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marika Coffey at (904) 446-8208
Name of Person | *Area Code & Daytime Telephone Number*

FILED 2013 NOV -5 AM 11:39 SECRETARY OF STATE TALLAHASSEE FLORIDA

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

M.C. Financial & Management Service 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:

1801 Davidson St
Jacksonville, Fl 32207

Mailing Address:

PO Box 5715
Jacksonville, Fl 32247

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:

Marika Coffey
Name

1801 Davidson St
Florida street address (P.O. Box **NOT** acceptable)

Jacksonville FL _32207_
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..

[signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

EFFECTIVE DATE _01/01/14_

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:

MGR — Caesar Bradley
PO Box 5715
Jacksonville, Fl 32247

MGR — Marika Coffey
1801 Davidson St
Jacksonville, Fl 32207

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _Jan. 1, 2014_ . (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]

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.)

Marika Coffey

Typed or printed name of signee

FILED
2013 NOV -5 AM 11:39

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)

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