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SECRETARIST TAKES

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COVER LETTER

TO:	Registration Section Division of Corporations	pp " the	
SUBJI	ECT: MK's Building Solutions LLC Name of Li	mited Liability Company	
The en	aclosed Articles of Organization and fee(s) a	are submitted for filing.	FB FI
Please	return all correspondence concerning this n	natter to the following:	B 13 /
	Matthew Kleiss		
		Name of Person	
	MK's Building Solutions LLC	Firm/Company	
	12251 Edwards Road	Address	
.m.	nkleiss43@amail.com	City/State and Zip Code	tion)
For fur	rther information concerning this matter, ple	ease call:	
<u>Matth</u>	ew Kleiss at (Name of Person	941) 889-8940 Area Code Daytime Tel	ephone Number
Enclos	ed is a check for the following amount:		
\$125.0	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 Addr Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle

, ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
MK's Building Solutions 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 of	ffice of the Limited Liability (Company is:
Principal Office Address:	Mailing Address:	
12251 Edwards Road Port Charlotte, Fl. 33981	12251 Edwards Road Port Charlotte, Fi. 3398	1
ARTICLE III - Registered Agent, Registered Office, (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration	Registered Agent. You must o	
The name and the Florida street address of the registered	agent are:	
Matthew Kleiss Name		
12251 Edwards Road Florida street address (P.O. Box		
Port Charlotte City	FL 33981 Zip	
Having been named as registered agent and to accept set the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the object of the control of	t the appointment as registered of all statutes relating to the priligations of my position as region 605, F.S	d agent and agree to act in this coper and complete performance
(CONTINU	ED)	ASS =
Page I of 2		FILED • FEB 13 # 8 18 • CNETAN COSTAIR LLAHMSSEE FLORDA

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
MGR — Manager	Matthew Kleiss
	12251 Edwards Rd.
	Port Charlotte, Fl. 33981
(Use attachment if necessary)	
E V: Effective date, if other than the	e date of filing: <u>2-/0-20/4</u> . (OPTIONAL) be specific and cannot be more than five business days prior to or 9
E V: Effective date, if other than the ective date is listed, the date must of filing.)	e date of filing: <u>2-/0-20/4</u> . (OPTIONAL) be specific and cannot be more than five business days prior to or 9
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