

214000037849

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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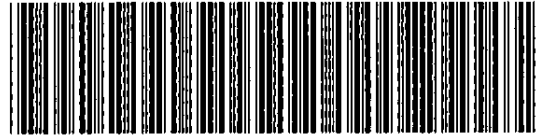
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2014 MAR -5 10:11:12
STATE OF FLORIDA
SARAH H. HARRIS

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OFFICE OF STATE
TALLAHASSEE FLORIDA

MAR 06 2014

CORPDIIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-23

CONTACT: SAVANNAH DEBOER

DATE: 03/05/14

REF. #: 7748064.9069189

CORP. NAME: MCI VENTURES, LLC

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 70016129 **FOR \$** 125.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ **COST LIMIT: \$** _____

PLEASE RETURN:

- | | | |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

CLERK OF STATE
TALLAHASSEE FLORIDA

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ARTICLES OF ORGANIZATION**OF****MCI VENTURES, LLC****ARTICLE I - Name**

The name of the Limited Liability Company is MCI VENTURES, LLC (the "Company").

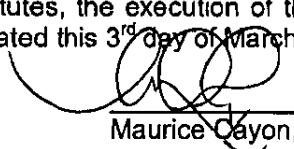
ARTICLE II - Address

The mailing address and street address of the principal office of the Company is 3857 West 16th Avenue, Hialeah, Florida 33012.

ARTICLE III - Registered Agent and Office

The street address of the Company's initial registered office is 3857 West 16th Avenue, Hialeah, Florida 33012, and the name of its initial registered agent at such office is Maurice Cayon.

In accordance with Florida Statutes, the execution of this document constitutes an affirmation that the facts stated herein are true. Dated this 3rd day of March, 2014.



Maurice Cayon, Authorized Signor**ACCEPTANCE OF APPOINTMENT OF REGISTERED AGENT**

The undersigned, having been named as Registered Agent and to accept service of process for the above stated limited liability company at the place designated in these Articles of Organization, the undersigned hereby accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and is familiar with and accepts the obligations of its position as registered agent as provided for in Florida Statutes. Dated this 3rd day of March, 2014.



Maurice Cayon, Registered AgentCLERK OF STATE
TALLAHASSEE FLORIDA

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