

L14 0000 90358

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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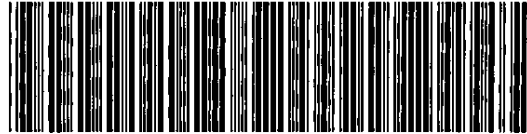
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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14 MAY 29 PM 12:58
SEAL PROPERTY STATE
TALLAHASSEE, FLORIDA

Q25



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 30, 2014

MARIA JUHASZ
3315 58TH AVE S #413
ST PETERSBURG, FL 33712

SUBJECT: MLD ASSOCIATES, LLC
Ref. Number: W14000033611

We have received your document for MLD ASSOCIATES, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date is not acceptable since it is not within five working days of the date of receipt.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 714A00011632

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: MLD Associates, 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:

Maria Juhasz
Name of Person

MLD Associates, LLC
Firm/Company

3315 58th Ave. South, #413
Address

St. Petersburg, FL 33712
City/State and Zip Code

mitzylillydon200@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maria Juhasz at 727 345-4854
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MLD Friends, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

(already paid for another name)

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

MLD Associates, but it's taken) LLC

Principal Office Address:

Mailing Address:

3315 58th Ave. S. #413
St. Petersburg, FL 33712

3315 58th Ave. South,
#413
St. Petersburg, FL
33712

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:

Maria Juhasz

Name

3315 58th Ave. South, #413

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

St. Petersburg FL 33712

City

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 605, F.S.

Maria Juhasz

Registered Agent's Signature (REQUIRED)

(CONTINUED)

SECRET
TALLAHASSEE, FLORIDA

14 MAY 29 PM 12:08

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

Manager

Maria Juhasz
3315 58th Ave South
#413
St. Petersburg, FL
33712

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Maria Juhasz
Signature of a member or an authorized representative of a member.
(In accordance with section 605.0203 (1) (b), 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.)

Maria Juhasz

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)

— already paid
when I filed
as MLD Associates
LLC