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SECRETARY OF STATE

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COVER LETTER

	egistration Section ivision of Corporations			
SUBJECT	MFT Internation	nal LL(
SUBJECT		Limited Liabil	ity Company	
The enclose	ed Articles of Organization and fee(s)) are submitted	for filing.	
Please retu	rn all correspondence concerning this	matter to the	following:	
	Maria F Teixeira			
		Name of	Person	
		Firm/Co	mpany	
	26A Lindsay Dr.			
		Addr	ess	
	Palm Coast, FL 3	32137		
		City/State an	d Zip Code	· · ·
	mariateixeira@bellsouth E-mail address		or future annual report	notification)
For further	information concerning this matter, p	lease call:	•	·
Maria	a F Teixeira	386	446-8743	,
	Name of Person at	Area Code	Daytime Telephor	ne Number
Enclosed is \$125.00 Fil	a check for the following amount: ling Fee \$\int \frac{130.00}{\text{Certificate of Status}}\$	Certifi	0 Filing Fee & ed Copy ol 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 Addre Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nar The name of the Li	ne: imited Liability Company is:		
MFT International LLC			
	(Must end with the words "L	imited Liability Company, "L.L.C.," or	"LLC.")
ARTICLE II - Ad		sipal office of the Limited Liability Cor	mnany is:
-	-	Mailing Address:	inpany is.
Principal Office A	tuuress:	Waning Audress.	
26A Lindsay Dr.		26A Lindsay Dr.	
Palm Coast, FL 32137		Palm Coast, FL 32137	
another business e	ntity with an active Florida regi		
	Maria F Telxeira		
		Name	
	26A Lindsay Dr.		
	Florida street address (P.	O. Box NOT acceptable)	
	Palm Coast	FL 32137	
	City	Zip	
the place desig capacity. I furth	nated in this certificate, I hereby er agree to comply with the prov	cept service of process for the above state accept the appointment as registered a isions of all statutes relating to the prope the obligations of my position as registed Chapter 605, F.S	gent and agree to act in this er and complete performance
	Registered Agent's	Signature (REQUIRED)	14 DEC SECRETATIA
	(CON	TINUED)	ASSW 1998
	Pa	ge 1 of 2	AM 9: 11 Y OF STATE EE. FLORIDA

Title: "AMBR" = Authorized Member	Name and Address;
"MGR" = Manager	
MGR	Maria F Teixeira
	26A Lindsay Dr.
	Palm Coast, FL 32137
	
	
EV: Effective date, if other than the date of octive date is listed, the date must be specified.	of filing: $01/01/2015$. (OPTIONAL) cific and cannot be more than five business days prior to or 90 c
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