## 1500036272

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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FEB 2 6 2015

S. YOUNG

## **COVER LETTER**

	ration Section n of Corporations		
SUBJECT:	M T C Name of Lir	Art LLC.	
	ticles of Organization and fee(s) a	-	
Please return all	correspondence concerning this m	atter to the following:	
	Muzon Jul	Name of Person	Jr.
	MJC Ar	+ LLC.	
		Firm/Company	
	501 East B	bay Drive, Apt	.304
	Largo / Florie	Ja 33770	D 79 5
	Muzon C @ gmai E-mail address: (to be use		The second secon
For further infor	mation concerning this matter, ple	ase call:	
Muzon	Tulius Checks at (	843	7282 ephone Number
Enclosed is a ch	eck for the following amount:		
1 \$125.00 Filing I	Fee \$\Bigcup \\$130.00 \text{ 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	Street/Courier Add Registration Section Division of Corporat Clifton Building	

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
M2C YU+ 1	_L C.
(Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal offi	ce of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
501 East Bay Drive, Apt. 304, Largo, FL, 33770	501 East Bay Drive, Apt. 304, Largo, FL,
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.)	egistered Agent. You must designate an individual or
The name and the Florida street address of the registered at	gent are:
Muzon Cheek Name	25 Jr. 23 F.
501 East Florida street address (P.O. Box M.	
Largo City	FL 33770 3 20 20
Havino heen named as revistered avent and to accent serv	ice of process for the above stated limited liability company a

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..

Man Alekho Tr.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>Pitle:</u> 'AMBR" = Authorized Member	Name and Address:
MGR" = Manager	Muzzon Julius Cheeks In
	Muzon Julius Cheeks Jr. 501 East Bay Dove, Apt. 304 Largo, FL, 33770
	Largo , FL, 33770
	•
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••	
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ARTICLE IV-