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(Re	equestor's Name)	·
(Ad	ldress)	
. (Ad	ldress)	
(Cit	ty/State/Zip/Phone	⇒ #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

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	gistration Section vision of Corporations		
SUBJECT:	MVP MGMT Expert LLC		
SUBJECT	Name of L	imited Liabili	cy Company
The enclose	d Articles of Organization and fee(s)	are submitted	for filing.
Please retur	n all correspondence concerning this	matter to the fo	ollowing:
	Peter N Bonitatibus		4
		Name of 1	Person
		Firm/Cor	npany
	1300 N Federal Hwy #202		
		Addre	ss
	Boca Raton, Fl 33432		
I	enibo@aol.com	City/State and	l Zip Code
_	E-mail address: (to be us	ed for future a	nnual report notification)
For further in	formation concerning this matter, ple	ase call:	
	Peter N Bonitatibus	561	391-1411
•	Name of Person	Area Code	Daytime Telephone Number
Enclosed is	a check for the following amount:		
/ \$ 125.00 Fil	ing Fee \$130.00 Filing Fee & Certificate of Status	Certifie	of Filing Fee & S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

MVP MGMT Ex		117 122 6	WICH WILOW	
(Must e	end with the words "Limite	d Liability Company	, "L.L.C.," or "LLC.")	5 * * *
ARTICLE II - Address:				
The mailing address and stre	eet address of the principal	office of the Limited	Liability Company is:	, 4. 1,5
<u>Prir</u>	ncipal Office Address:		Mailing Address	: <u></u>
1300 N Federal I	Hwy #202	1300	N Federal Hwy #202	* .
Boca Raton, Fl 3	33432	Boca	a Raton,Fl 33432	اران المساور المساور المساور
				1 :
Γhe name and the Florida str	Peter N Bonitatibus	•		
The name and the Florida str	·	Name		
The name and the Florida str	Peter N Bonitatibus 1300 N Federal Hw	Name	cceptable)	
The name and the Florida str	Peter N Bonitatibus 1300 N Federal Hw	Name y #202	cceptable)	
	Peter N Bonitatibus 1300 N Federal Hw Florida street addre Boca Raton City	Name y #202 ss (P.O. Box NOT a	33432 Zip	
laving been named as registel lace designated in this certific	Peter N Bonitatibus 1300 N Federal Hw Florida street addre Boca Raton City red agent and to accept servicate, I hereby accept the app	Name y #202 ss (P.O. Box NOT a Fl State vice of process for the pointment as registere	33432 Zip e above stated limited liability ed agent and agree to act in t	his capacity. I
laving been named as registe lace designated in this certific urther agree to comply with th	Peter N Bonitatibus 1300 N Federal Hw Florida street addre Boca Raton City red agent and to accept serve cate, I hereby accept the apple the provisions of all statutes in	Name y #202 ss (P.O. Box NOT a Fl State vice of process for the pointment as registere relating to the proper	33432 Zip above stated limited liabilityed agent and agree to act in the and complete performance of	his capacity. I of my duties, and
The name and the Florida str laving been named as register lace designated in this certific urther agree to comply with th m familiar with and accept th	Peter N Bonitatibus 1300 N Federal Hw Florida street addre Boca Raton City red agent and to accept serve cate, I hereby accept the apple the provisions of all statutes in	Name y #202 ss (P.O. Box NOT a Fl State vice of process for the pointment as registere relating to the proper	33432 Zip above stated limited liabilityed agent and agree to act in the and complete performance of	his capacity. I If my duties, an

(CONTINUED)

Page 1 of 2

	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	n
AMBR	Peter N Bonitatibus
	1300 N Federal Hwy #202
	Boca Raton, Fl 33432
	-
MGR	Michael Penrod
	1300 N Federal Hwy #202
	Boca Raton, Fl 33432
	22
	· · · · · · · · · · · · · · · · · · ·
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the date and effective date is listed, the date must be the date of filing.)	late of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 days afte of meet the applicable statutory filing requirements, this date will not be listed ent of State's records.
ARTICLE V: Effective date, if other than the date and effective date is listed, the date must be the date of filing.) Note: If the date inserted in this block does not be the date of the date inserted in the block does not be the date inserted in the block does not be the date inserted in the block does not be the date inserted in the block does not be the date inserted in the block does not be the date inserted in the block does not be the date inserted in the block does not be the date inserted in the date.	specific and cannot be more than five business days prior to or 90 days afte of meet the applicable statutory filing requirements, this date will not be listed

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 (Cartificate of Status

\$ 5.00 Certificate of Status (Optional)

ARTICLE IV-