

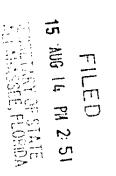
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| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | me) |
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| Certified Copies | Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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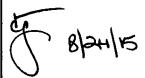




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COVER LETTER

| | Registration Section Division of Corporations | · | 1 | |
|-------------------|---|--------------------|--|---|
| CUD IEC | MV&E Publishing, LLC | | | |
| SUBJEC | | of Limited Liabi | lity Company | · · · · · · · · · · · · · · · · · · · |
| The encl | osed Articles of Organization and fe | e(s) are submitte | d for filing. | |
| Please re | eturn all correspondence concerning | this matter to the | following: | |
| | Iván M. Morales, Esq. | | | |
| | . | Name o | f Person | |
| | iCorporate Consulting, LLC | | | |
| | | Firm/C | ompany | |
| | 72-61 113th Street, Set. 7-O | | | |
| | | Add | ress | |
| | Forest Hills, NY 11375 | | | |
| | imorales@icorpcon.com | City/State a | nd Zip Code | |
| | E-mail address: (to b | e used for future | annual report notification) | |
| For further | information concerning this matter, | please call: | | |
| | Iván Morales | 786 | 877-5989 | |
| | Name of Person | at (Area Code | Daytime Telephone Number | |
| Enclosed | is a check for the following amount | : | | |
|] \$125.00 | Filing Fee \$130.00 Filing Fee Certificate of State | us ——Certif | ied Copy Cert all copy is enclosed) Cert | 0.00 Filing Fee, ificate of Status & ified Copy onal copy is enclosed) |
| | Mailing Address New Filing Section | | Street Address Naw Filing Section | |
| | Division of Corporations | | New Filing Section Division of Corporations | ं ज |
| | P.O. Box 6327 Tallahassee, FL 32314 | | Clifton Building 2661 Executive Center Circle | |

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICIASO | TORGANIZATION FOR FLORIDAL | WIIEDEIABILITI COMPANI | |
|--|---------------------------------------|--|---------------------|
| ARTICLE I - Name: The name of the Limited Liabili | ty Company is: | | FILED |
| MV&E Publishing, | LLC | | 15 AUG 14 PM 2:51 |
| (Must end | with the words "Limited Liability Co | ompany, "L.L.C.," or "LLC.") | STRETARY OF STATE |
| ARTICLE II - Address: The mailing address and street a | ddress of the principal office of the | Limited Liability Company is: | ATT AHASSEE, PLUMBE |
| <u>Princip</u> | oal Office Address: | Mailing Address: | |
| 10400 SW 70th Ave Miami, FL 33156 | | | |
| | | ed Agent's Signature: Agent. You must designate an individu | al or |
| The name and the Florida street | address of the registered agent are: | | |
| | Iván M. Morales | | |
| | Name | | |
| | 10400 SW 70th Ave, | | |
| | Florida street address (P.O. Box | NOT acceptable) | |

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..

State

Miami, FL 33156

City

Registered Agent's Signature (REQUIRED)

Zip

Page 1 of 2

(CONTINUED)

| Title: "AMBR" = Authorized Member | Name and Address: |
|--|--|
| | |
| "MGR" = Manager AMBR | MV&E Group, LLC |
| | 10400 SW 70th Ave |
| | Miami, FL 33156 |
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| (Use attachment if necessary) | P (OPMIONAL) |
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| CLE V: Effective date, if other than the date of file effective date is listed, the date must be specificate of filing.) If the date inserted in this block does not meet to cument's effective date on the Department of St | c and cannot be more than five business days prior to or 90 days a the applicable statutory filing requirements, this date will not be liste |
| CLE V: Effective date, if other than the date of file effective date is listed, the date must be specificate of filing.) If the date inserted in this block does not meet a cument's effective date on the Department of St. CLE VI: Other provisions, if any. | c and cannot be more than five business days prior to or 90 days at the applicable statutory filing requirements, this date will not be listed |
| CLE V: Effective date, if other than the date of file effective date is listed, the date must be specific to of filing.) If the date inserted in this block does not meet cument's effective date on the Department of St. CLE VI: Other provisions, if any. REQUIRED SIGNATURE: | the applicable statutory filing requirements, this date will not be listerate's records. |
| CLE V: Effective date, if other than the date of fileffective date is listed, the date must be specific te of filing.) If the date inserted in this block does not meet a cument's effective date on the Department of St. CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a membe This document is executed in I am aware that any false info | c and cannot be more than five business days prior to or 90 days at the applicable statutory filing requirements, this date will not be liste |
| CLE V: Effective date, if other than the date of fileffective date is listed, the date must be specificate of filing.) If the date inserted in this block does not meet to be cument's effective date on the Department of State CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a membe This document is executed in I am aware that any false info | the applicable statutory filing requirements, this date will not be listed attains a records. To an authorized representative of a member. The accordance with section 605.0203 (1) (b), Florida Statutes. To a manufacture of State of the Department of State of th |

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

ARTICLE IV-

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

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