

11/11/2015 Nov. 11. 2015

42A BRETT HENDEE, P.A. 813-258-1106
L15000269424

No. 5522 P. 1

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H15000269424 3)))



H150002694243ABCD

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : BRETT HENDEE, P.A.
Account Number : I19980000066
Phone : (813)258-1177
Fax Number : (813)259-1106

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: mhendee23@gmail.com

FLORIDA LIMITED LIABILITY CO. MCH INNOVATIONS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

((H15000269424 3)))

**ARTICLES OF ORGANIZATION OF
MCH INNOVATIONS, LLC**

ARTICLE I-Name

The name of the limited liability company shall be MCH INNOVATIONS, LLC.

ARTICLE II-Address

The street address of the principal office of the limited liability company is: 4219 West Vasconia Street, Tampa, Florida 33629. The mailing address of the principal office of the limited liability company is: 4219 West Vasconia Street, Tampa, Florida 33629.

ARTICLE III-Registered Agent

The name and the Florida street address for the registered agent of the limited liability company is: Lisa Wilkerson, Esquire, 1700 South MacDill Avenue, Suite 200, Tampa, Florida 33629.

IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledged them to be my act this 11th day of November, 2015.


Signature of a member or an authorized representative of a member

(In accordance with Section 605.0205(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Lisa Wilkerson
Typed or printed name of signee

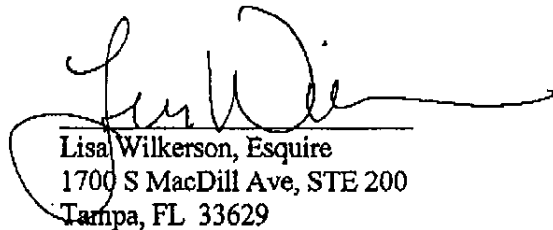
FILED
15 NOV 12 PM 2:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

((H15000269424 3)))

(((H15000269424 3)))

ACCEPTANCE OF DESIGNATION

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, the undersigned hereby accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of the duties, and the undersigned is familiar with and accepts the obligations of the position as registered agent as provided for in Chapter 605, Florida Statutes.



Lisa Wilkerson, Esquire
1700 S MacDill Ave, STE 200
Tampa, FL 33629

(((H15000269424 3)))