

From: Jeff Lieser
3/1/16

Fax: (813) 251-8716

To:

Fax: +1 (850) 617-6381
Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : LIESER SKAFF ALEXANDER, PLLC
Account Number : 120150000057
Phone : (813)280-1256
Fax Number : (813)251-8715

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

Email Address: michaelxmccarthy@hotmail.com

FLORIDA LIMITED LIABILITY CO.

M4 Strategic Solutions, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

MAR 2 2016

S. GILBERT

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From: Jeff Lieser

Fax: (813) 251-8715

To: H16000053333 3 Fax: +1 (850) 817-6381

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: M4 Strategic Solutions, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ghada Skaff
Name of Person
Lieser Skaff Alexander
Firm/Company
403 N. Howard Avenue
Address
Tampa, FL 33611
City/State and Zip Code
michaelxmccarthy@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ghada Skaff 813 280-1256
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 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
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

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FILED

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

M4 Strategic Solutions, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

JULY 14, 2016
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:3022 N. Adams Street
Tampa, FL 33611Mailing Address:7611 Range Road
Alexandria, VA 22306

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Lieser Skaff Alexander

Name

403 N. Howard AvenueFlorida street address (P.O. Box NOT acceptable)Tampa

City

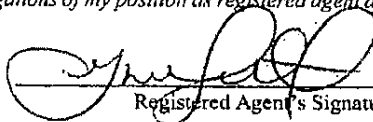
FL

State

33606

Zip

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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV.

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

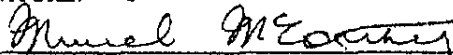
MGR**Name and Address:**Michael McCarthy7611 Range RoadAlexandria, VA 22306MGRMuriel McCarthy7611 Range RoadAlexandria, VA 22306

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: March 1, 2016 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.**ARTICLE VI:** Other provisions, if any.

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Muriel McCarthy

Typed or printed name of signer

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 (Optional)

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