## L16000157260

(Re	equestor's Name)	
(Ac	idress)	
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PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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SECRETARY OF STRIE TALLAHASSEE, FLORIE!

## **COVER LETTER**

	tration Section on of Corporations
SUBJECT: _	M+L SALES CONSUMPL, LLC.  Name of Limited Liability Company
The enclosed A	articles of Organization and fee(s) are submitted for filing.
Please return al	l correspondence concerning this matter to the following:
_	Michael Layton Name of Person
	M+L SALES CONSULTING LLC Firm/Company
	7938 1ST AVE SO.
	Address  SANT Peters burg, FL. 33707  City/State and Zip Code  Mayton 33@ amail. Com  E-mail address: (to be used for future annual report notification)
	City/State and Zip Code Mlayton 33 @ amail. Com
	E-mail address: (to be used for future annual report notification)
For further inform	mation concerning this matter, please call:
W	Ke Layton at (727) 403-9558  Name of Person Area Code Daytime Telephone Number
	Name of Person Area Code Daytime Telephone Number
A	heck for the following amount:
\$125.00 Filing	Fee \$\int_{\text{Certificate of Status}}\text{\$\frac{155.00 \text{ Filing Fee & Certificate of Status}}{\text{Certified Copy}}\text{\$\frac{160.00 \text{ Filing Fee, Certificate of Status & Certified Copy}}{\text{Certified Copy (additional copy is enclosed)}}\text{\$\frac{160.00 \text{ Filing Fee, Certified Copy}}{\text{Certified Copy (additional copy is enclosed)}}\text{\$\frac{1}{2}\$}
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301



## FLORIDA DEPARTMENT OF STATE **Division of Corporations**

August 10, 2016

MICHAEL LAYTON 7938 1ST AVE SO. SAINT PETERSBURG, FL 33707

SUBJECT: M & L SALES CONSULTING, LLC -> MKDL SAVES + CONSULTING, LLC

Bef. Number: W16000055441

Ref. Number: W16000055441

We have received your document for M & L SALES CONSULTING, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Nadira D McClees-Sams Regulatory Specialist II

Letter Number: 016A00016899

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
M KDL Sales Consu	Hing, LLC,
(Must end with the words "Limited Liability	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of th	e Limited Liability Company is:
Principal Office Address:	Mailing Address:
1938 - 1 St Ave So. ST. Peters burg, FL. 33707	7938 - 15+ Ave Co. St. Detersburg, Fr. 33707

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate

(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:	ær F≡rej	91.07
Michael Layton	CRE	6 AUG
Name	NAY ASSE	- <del>G</del> >
7938 - 1 St Ave So.	$m_{a}$	
Florida street address (P.O. Box NOT acceptable)	$\Xi_{a}^{n}$	⊒ĭ
ST. Petersburg FLDRIDA 33707	35 (	નું સુ
City () State Zip		تنبي

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..

(CONTINUED)

ature (REQUIRED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authori	Name and Address:
"MGR" = Manager	Lag: Lucton
TIMBE	7938 1st Ave. So.
400 - 4	St. Defersbirg, FL. 33707
M6-R	Mike Lauten
	7938 1 ST Ave   So.
	ST. Vefersburg, Pl. 33 101
(Use attachment if r	
CLE V: Effective date, effective date,	if other than the date of filing: $\frac{AVEVST}{8}^{th} \frac{2016}{2016}$ . (OPTIONAL) the date must be specific and cannot be more than five business days prior to or 90 c
CLE V: Effective date, effective date is listed, the of filing.)  If the date inserted in	if other than the date of filing: AUFUST 8 <sup>th</sup> 2016. (OPTIONAL) the date must be specific and cannot be more than five business days prior to or 90 ce this block does not meet the applicable statutory filing requirements, this date will not be on the Department of State's records.
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ARTICLE IV-

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