

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





08/22/16--01042--009 **125.00



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: MCL II, LLC	
SUBJECT: IVICE	bility Company
The enclosed Articles of Organization and fee(s) are submitt	ted for filing.
Please return all correspondence concerning this matter to th	
MAHLANA Cinden	
Matthew C. Lindson Name	of Person
MCLII, LLC	
IVICL IL, LLC Firm/	Company
13805 Eastland St.	
	ldress
Ruckville, MD 20853)
Rockville, MD 20853 lindsysura 81 @ Gity/State	and Zip Code
E-mail address: (to be used for futur	re annual report notification)
For further information concerning this matter, please call:	
Mathew Lindsy, 745	532-6069
Mathew Lindsy, 745 Name of Person Area Code	Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee S130.00 Filing Fee & Certificate of Status	5.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	Street Address
New Filing Section Division of Corporations	New Filing Section Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
MCL II, 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 the Limited Liability Company is:	
Principal Office Address: 13805 Eastland St POCKVITLE, MD 20853 POCKVITLE, MD 20853 Mailing Address:	
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:	
Corporation Service Company	
Name	
1201 Hays Street	
Florida street address (P.O. Box NOT acceptable)	
Tallahassee, FL 32301	
City State 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	
Corporation Service Company By: HOLLY (N) Registered Agent's Signature (REQUIRED)	
Holly Jones	1
(CONTINUED) Assistant Vice President	. Jeffell Pri
Page 1 of 2	Sign of the second

Title:	North and and North an	Name and Address:
"MGR" = M	Authorized Member anager	Matthew C. Lindson 13805 Fastland St. ROCKMILE, MD 20853
	 	
 	···	
FICLE V: Effective n effective date is		ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 days
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