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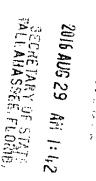
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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## COVER LETTER

	Division of Corporations	
SUBJEC	MyDealCard LLC.	
SUBJEC	Name of Limited Liability Company	
The encl	closed Articles of Organization and fee(s) are submitted for filing.	
Please re	return all correspondence concerning this matter to the following:	
	MARC FRITZ	
	Name of Person	•
	SECH ALLANDER CHARACTER CH	2016 A
	Firm/Company	UK 20
	8736 EGRET ISLE TERRACE	, o
	Address	:
	LAKE WORTH, FL 33467	_
	City/State and Zip Code MARC.FRITZ@AOL.COM	
	E-mail address: (to be used for future annual report notification)	•
For furthe	er information concerning this matter, please call:	
	MARC FRITZ 561 601 7451	
	Name of Person Area Code Daytime Telephone Number	
Enclosed	ed is a check for the following amount:	
\$125.00	O Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{\$\$\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{\$\$\$\$\$\$\$\$\$\$Certified Copy (additional copy is enclosed)} \$	
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

MyDealCard				-
(Mı	est end with the words "Limited	Liability Cor	npany, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and	street address of the principal of	ffice of the Li	mited Liability Company is:	
Ī	rincipal Office Address:		Mailing Address:	
	ISLE TERRACE		8736 EGRET ISLE TERRACE	
LAKE WORT	TH, FL 33467		LAKE WORTH, FL 33467	
		<del></del>		<del></del>
(The Limited Liability Co another business entity w	red Agent, Registered Office, ompany cannot serve as its own ith an active Florida registration street address of the registered MARC FRITZ	Registered A	Agent's Signature: gent. You must designate an individual or	2016 AUG 29
	<u>-</u>	Name	<u> </u>	•
	8736 EGRET ISLE T	FRRACE	$\frac{m}{2}$	<b></b>
	Florida street address		OT acceptable)	== 5
	LAKE WORTH	FL	33467	,
	City	State	Zip	
place designated in this cer further agree to comply with	tificate, I hereby accept the appo h the provisions of all statutes re	ointment as reg lating to the p	for the above stated limited liability compan gistered agent and agree to act in this capad proper and complete performance of my duti gent as provided for in Chapter 605, F.S	city. I

Page 1 of 2

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605.0203 (1) (b), Florid	la Statutes.
	la Statutes.
605.0203 (1) (b), Florid cument to the Departme	la Statutes.
605.0203 (1) (b), Florid cument to the Departme 7.155, F.S.	la Statutes.
605.0203 (1) (b), Florid cument to the Departme	la Statutes.
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