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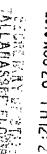
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BECRETARY STATE

FLORIDA DEPARTMENT OF STATE Division of Corporations

August 31, 2016

RICHARD LOPEZ OR ANNA DAWSON-LOPEZ 4303 ORANGE RIDGE CT VALRICO, FL 33596

SUBJECT: MAKALO LLC Ref. Number: W16000060409

We have received your document for MAKALO LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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.

TANYA L HENDERSON Regulatory Specialist II

Letter Number: 916A00018607

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COVER LETTER

TO:	Registration Section Division of Corporations			
CHIDIE	MAKALO LLC			
SUBJE		imited Liabil	lity Company	
The en	nclosed Articles of Organization and fee(s) a	ıre submittec	l for filing.	
Please	return all correspondence concerning this r	natter to the	following:	
	Richard Lopez or Anna Dawson-Lop	ez		
		Name of	Person	.
	MAKALO LLC			
		Firm/Co	ompany	
	4303 Orange Ridge Ct			
		Addı	ress	
	Valrico, FL 33596			
	rlopez8077@gmail.com	City/State ar	nd Zip Code	
	E-mail address: (to be use	d for future a	annual report notificati	on)
For furth	her information concerning this matter, plea	se call:		
	•	813	760-4873	
	at (at (at (at (at (Area Code	Daytime Telephone	e Number
Enclose	sed is a check for the following amount:			
	00 Filing Fee & Certificate of Status	Certifi	00 Filing Fee & [ied Copy is enclosed]	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section		Street Address New Filing Section	
	Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Division of Corporation Clifton Building 2661 Executive Center	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

		2016 MIC OF
MAKALO LLC	<u> </u>	2016 AUG 26 FF
(Must end with the words "Limited Liab	oility Company, "L.L.C.," or "LLC.")	TALLAHASSAEST
E II - Address:		ALLAHASSOR
ng address and street address of the principal office	of the Limited Liability Company is:	
Principal Office Address:	Mailing Addi	ress:
	4303 Orange Ridge Ct	
4303 Orange Ridge Ct		
4303 Orange Ridge Ct Valrico, FL 33596	Valrico, FL 33596	

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

Anna Dawson-Lope	Z	
	Name	
4303 Orange Ridge	Ct	
Florida street addre	ss (P.O. Box NOT ac	cceptable)
Valrico	FL	33596
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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

ARTICLE IV-

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

Title: "AMBR" = Authorized Memb	Name and Address:
'MGR" = Manager	OI .
AMBR	Arlen Leiner
	6530 Fairway Gardens Drive
	Bradenton, Florida, 34203
	- · · · · · · · · · · · · · · · · · · ·
(1) (1) (1) (1) (1) (1) (1) (1)	
(Use attachment if necessary)	
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