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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

(Business Entity Name)

(Document Number)

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SP. STATE  
2016

M. MOON  
NOV 14 2016



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 21, 2016

DOMINIQUE MORALES  
2385 NW 11 ST #A12  
MIAMI, FL 33174

SUBJECT: M CLIQUE LLC  
Ref. Number: W16000071803

RECORDED  
16 NOV 14 PM 4:15  
INFORMATION SYSTEMS

We have received your document for M CLIQUE 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 document must contain the usual business addresses of its managing members or managers.

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.

Matthew T Moon  
Regulatory Specialist II

Letter Number: 316A00022642

RECORDED  
16 NOV 14 PM 4:47  
FLORIDA DEPARTMENT OF STATE

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** M Clique 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:

Dominique Morales

Name of Person

M Clique

Firm/Company

2385 NW 11 ST #A12

Address

Miami, FL 33174

City/State and Zip Code

TheMarketingClique@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dominique Morales

305

298-7932

at (

Name of Person

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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RECEIVED  
TALLAHASSEE  
STATE  
CORPORATION  
DIVISION

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

M Clique 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:

2385 NW 11 ST #A 12 Miami, Fl 33125

Mailing Address:

1170 SW 102 AVE Miami, Fl 33174

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:

Dominique Morales

Name

1170 SW 102 AVE

Florida street address (P.O. Box **NOT** acceptable)

Miami

Fl

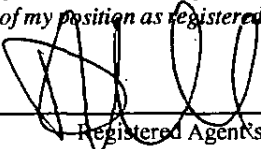
33125

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)

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

CEO

**Name and Address:**

Dominique Morales

2385 NW 11 ST #A12

MIAMI, FL 33125

(Use attachment if necessary)

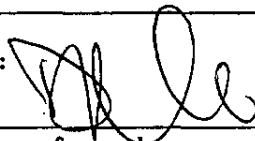
**ARTICLE V:** Effective date, if other than the date of filing: 10/11/2016 (OPTIONAL)

(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.

Dominique Morales

Typed or printed name of signee

**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)

FILED  
16 NOV 14 PM 4:47  
117-8801-1000