12/20/2016 Division of Corporations

L16000229188

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000311189 3)))

H16000311189 3ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : BUSINESS FILINGS
Account Number : 105256001620
Phone : (608)827-5300
Fax Number : (608)827-5501

FILED
16 DEC 20 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA LIMITED LIABILITY CO.

MNE Solutions, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	$155.00

Electronic Filing Menu Corporate Filing Menu Help

12-21
KB

FAX AUDIT # H16000 3111893

ARTICLES OF ORGANIZATION
OF
MNE Solutions, LLC

ARTICLE I NAME

The name of the limited liability company is: MNE Solutions, LLC

ARTICLE II ADDRESS

The principal place of business and mailing address of this Limited Liability Company shall be: 16531 White Orchid Ln, Delray Beach, Florida 33446.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the registered agent are: Business Filings Incorporated, 1200 South Pine Island Road, Plantation, Florida 33324. Located in the County of Broward.

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.

Signature: _____ Date: *December 19, 2016*
Mark Williams, A.V.P. *Business Filings Incorporated*

ARTICLE IV MANAGERS/MEMBERS

The management of the limited liability company is reserved for the members and the names and addresses of the members of the Limited Liability Company are:
Mark N Edoff, 16531 White Orchid Ln, Delray Beach, Florida 33446
Christine R Edoff, 16531 White Orchid Ln, Delray Beach, Florida 33446

FAX AUDIT # H16000 3111893

FILED
16 DEC 20 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FAX AUDIT # H16000311893

ARTICLE V DURATION

The duration for the limited liability company shall be: Perpetual.

Mark N Edoff, Organizer

Date: 12/19/2016

Authorized Representative

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

FAX AUDIT # H16000311893