Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

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

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FLORIDA LIMITED LIABILITY CO.

Juraserio LLC	
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CORP USA

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1/31/2017 pp:/i /102/pt/20 111 2/15/17 850-617-6381



FLORIDA DEPARTMENT OF STATE
Division of Corporations

CORP USA

SUBJECT: MC SERVICES, LLC

REF: W17000011185

February 8, 2017

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

You failed to make the correction(s) requested in our previous letter.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

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.

Nadira D McClees-Sams Regulatory Specialist II FAX Aud. #: H17000029749 Letter Number: 517A00002522

P.O BOX 6327 - Tallahassec, Florida 32314

ARTICLES OF ORGANIZATION

FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is:

JURASERIO LLC

ARTICLE II - Address

The mailing address and street address of the principal office of the Limited Liability Company is: 5608 Bayberry Lane, Tamarac, FL 33319

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature The name and the Florida street address of the registered agent is:

MICHAEL CLARK

5608 Bayberry Lane
Florida street address (P.O. Box NOT acceptable)

Tamarac, Florida 33319 City, State, and 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.

MICHAEL CLARK

Registered Agent's Signature

(CONTINUED)

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ARTICLE IV

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

MICHAEL CLARK, AMBR

5608 Bayberry Lanc Tamarac, FL 33319

ARTICLE V: Effective date, if other than the date of filing: ______ (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:

Signsture 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 a.817.155, F.S.

MICHAEL CLARK

Typed or printed name of signes

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