

L18000027133

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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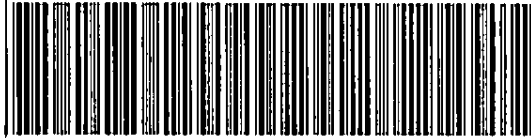
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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18 JAN 29 PM 4:43  
CLERK OF STATE  
AT LANSING, MICHIGAN

JAN 31 2018

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Mr. Available 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:

Mustafa Pierre Edme  
Name of Person

Mr. Available  
Firm/Company

17301 NW 7<sup>th</sup> Ave Apt. #102  
Address

Miami/Florida/33169  
City/State and Zip Code

MrAvailableconcernservices@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mustafa Pierre Edme ( 754 ) 201 5291  
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Mr. Available LLC.  
(Must contain 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:

17361 N.W. 7<sup>th</sup> Ave Apt.  
#102 Miami, FL 33169

Mailing Address:

17361 NW 7<sup>th</sup> Ave  
Apt. #102 Miami, FL 33169

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:

Felipe Jerome Roy  
Name  
1202 N 16<sup>th</sup> Ct  
Florida street address (P.O. Box NOT acceptable)  
Hollywood, Florida 33020  
City State Zip

NOTARY OF PUBLIC  
ALLAHSHIRI, OFFICE

18 JAN 29 PM 4:43

FILED

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]  
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

CFO

**Name and Address:**

Mustafa Pierre Edme  
1736-1 NW 7<sup>th</sup> Ave. Apt. # 102  
Miami, FL 33169

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**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:**



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.

Mustafa Pierre Edme  
Typed or printed name of signee

**Filing Fees:**

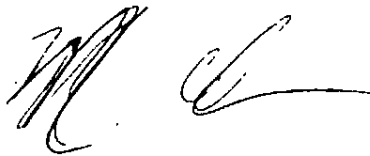
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

To whom it may,

I (Mustafa Pierre Edme), am writing this in regards to my former company, **Mr. Available Corporation**. I have no intentions of reactivating this inactive company, and I agree not to challenge the dissolution of **Mr. Available Corporation** at any future time. I recently sent in a payment of \$125 for the LLC of Mr. Available and was denied the ownership. I desire to obtain my company after the dissolution is resolved.

A handwritten signature in black ink, appearing to be 'M. Edme', with a long horizontal flourish extending to the right.

Mustafa Pierre Edme