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(Re	questor's Name)			
(Add	dress)			
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(Cit	y/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
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(Document Number)				
Certified Copies	_ Certificates	of Status		
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COVER LETTER

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TO: New Filing Section
Division of Corporations

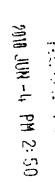
MBPR SERVICES LLC SUBJECT:
Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
ALBERTO COLON
Name of Person
MBPR SERVICES LLC
Firm/Company
301 ALMERIA Ave. Stc. 330
Address
CORAL GABLES. FL 33134
City/State and Zip Code mbprsvc@gmail.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ALBERTO COLON 305 961 1064
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S125.00 Filing Fee Status S155.00 Filing Fee Status S155.00 Filing Fee Status S160.00 Filing Fee, Certificate of Status Status Certificate of Status

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:		Fili	ng cancelled
	MBPR SERVICES LI	due	to returned check
(Must conta	in the words "Limited Lia	ability Company.	"L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street ad	dress of the principal offi	ce of the Limited	Liability Company is:
Principal Office Address:			Mailing Address:
	330		
301 Almeria Ave. Sto			
CORAL GABLES. F ARTICLE III - Registered Age (The Limited Liability Company	nt, Registered Office, & cannot serve as its own R	egistered Agent. \	it's Signature: You must designate an individual or
CORAL GABLES. F ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	nt, Registered Office, & cannot serve as its own Rective Florida registration.	egistered Agent. \) gent are:	
CORAL GABLES. F ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	nt, Registered Office, & cannot serve as its own Rective Florida registration. ddress of the registered a	egistered Agent. \)	
CORAL GABLES. F ARTICLE III - Registered Age	nt, Registered Office, & cannot serve as its own Rective Florida registration. ddress of the registered as	egistered Agent. \) gent are: O COLON	
CORAL GABLES. F ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	nt, Registered Office, & cannot serve as its own Rective Florida registration. ddress of the registered as	egistered Agent. \) gent are: O COLON Name Ave. Stc. 330	You must designate an individual or
CORAL GABLES. F ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	nt, Registered Office, & cannot serve as its own Rective Florida registration. address of the registered at ALBERTO	egistered Agent. \) gent are: O COLON Name Ave. Stc. 330	You must designate an individual or

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)

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ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Memb	Name and Address:
"MGR" = Manager	
MGR	ALBERTO COLON
	301 Almeria Ave. Stc. 330.
	Coral Gables. FL 33134
AMBR	RAFAEL CASAS
	301 Almeria Ave. Ste. 330
	Coral Gables. FL 33134
AMBR	MOISES OCASIO
	301 Almeria Ave. Stc. 330
	Coral Gables FL 33134
If an effective date is listed, the date n he date of filing.)	an the date of filing:
RTICLE VI: Other provisions, if any.	'
REQUIRED SIGNATURE!	UUI
This documen I am aware the	re of a member or an authorized representative of a member. It is executed in accordance with section 605.0203 (1) (b), Florida Statutes, at any false information submitted in a document to the Department of State mird degree felony as provided for in s.817.155, F.S.

ALBERTO COLON

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)

2018 JUH -1, PH 7:50