L18000162785



# Florida Department of State

## Division of Corporations

## Electronic Filing Cover Sheet

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(((H18000194365 3)))

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To:

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

From:

Account Name : GM FINANCIAL GROUP
Account Number : I19980000102
Phone : (954)428-8899
Fax Number : (954)428-6699

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

Email Address: PTAKMARGARET@GMAIL.COM

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

AP

**FLORIDA LIMITED LIABILITY CO.**

~~MLC, LLC~~ MLCKM, LLC

| | |
|---|---|
| Certificate of Status | 1 |
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | $130.00 |

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 3, 2018

GM FINANCIAL GROUP

,

SUBJECT:
REF: H18000194365

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

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If you have any further questions concerning your document, please call (850) 245-6052.

Alannah M Carranza
OPS
New Filing Section
Amount charged: 130.00

FAX Aud. #: H18000194365
Letter Number: 718A00013740

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is

MLCKM, 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: | Mailing Address: |
|---|---|
| 158 FARMBROOK ROAD | |
| PORT ORANGE, FL 32127 | |

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:

MALGORZATA PTAK
Name

158 FARMBROOK ROAD
Florida street address (P.O. Box NOT acceptable)

PORT ORANGE FL 32127
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.*

Malgorzata Ptak
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: | Name and Address: |
|---|---|
| "AMBR" = Authorized Member<br>"MGR" = Manager | |
| AMBR | MALGORZATA PTAK<br>158 FARMBROOK ROAD<br>PORT ORANGE, FL 32127 |
| AMBR | LESZEK PTAK<br>158 FARMBROOK RD<br>PORT ORANGE, FL 32127 |

(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:

Malgorzata Ptak

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.

MALGORZATA PTAK
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)**