

To: 18506176381 From: 14694451465 Date: 06/26/19 Time: 10:43 Page: 01/03

6/26/2019

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

From:
Account Name : LEGALINC CORPORATE SERVICES INC.
Account Number : I20180000011
Phone : (844)386-0178
Fax Number : (214)317-4754

****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.

MacyWeeks LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

2019 JUN 26 PM 2:24

2019 JUN 26 AM 11:15

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seCP maclywnoks llc

**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I

Name

The name of the Limited Liability Company is:

Maclywnoks LLC

ARTICLE II

Address

The mailing and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

16375 NE 18th Ave., Suite 300
North Miami Beach, FL 33162

Mailing Address:

16375 NE 18th Ave., Suite 300
North Miami Beach, FL 33162

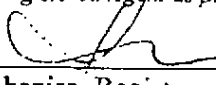
ARTICLE III

Registered Agent, Registered Office & Registered Agent's Signature

The name and the Florida street address of the registered agent are:

Ira R. Shapiro
16375 NE 18th Avenue, Suite 225
North Miami Beach, FL 33162

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.



Ira R. Shapiro, Registered Agent

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ARTICLE IV
Management

The Limited Liability Company is to be managed by one or more managers, and is therefore a manager - managed company.

ARTICLE V
Persons Authorized to Manage and Control

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

Title:

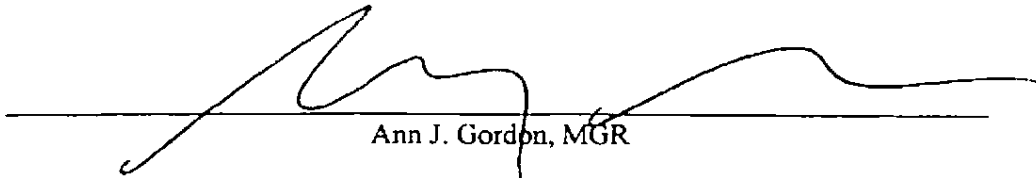
"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

Ann J. Gordon
16375 NE 18th Ave., Suite 300
North Miami Beach, FL 33162



Ann J. Gordon, MGR

(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.)

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