# 9000168181

(Req	uestor's Name)	
(Add	ress)	
7833		<del></del> _
(Add	ress)	
(City	/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Busi	iness Entity Name	e)
(Doc	ument Number)	
Certified Copies	Certificates (	of Status
Special Instructions to F	iling Officer:	





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CUANTON

# CORPORATE ACCESS, \_

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666, Fax (850) 222-1666

## WALK IN

		PICK U	P:	Glinda	
		CERTIFIED COPY			
	ХХ	РНОТОСОРУ			
		CUS			
	хх	FILING	LLC		
1.		MC GLOBAL SOURCING, LLC			
		(CORPORATE NAME AND DOCUMENT #)			
2.					
		(CORPORATE NAME AND DOCUMEN	T#)		10.00 E
3.					
		(CORPORATE NAME AND DOCUMENT #)			
4.					
		(CORPORATE NAME AND DOCUMENT #)			
5.					
		(CORPORATE NAME AND DOCUMENT #)			
6.					
		(CORPORATE NAME AND DOCUMEN	T #)		
SPE	CIA	L INSTRUCTIONS:			

### COVER LETTER

	v Filing Section ision of Corporations		
SUBJECT:	MC GLOBAL SOURCING, 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:	
-	Mark	Heck_ Name of Person	
_		Firm/Company	
	668 RO	ute 70	
•		Address	
	Lakehurst	City/State and Zip Code	
	alexisheck (	mark - it services. Com sed for future annual report notification)	
For further infe	ormation concerning this matter, ple	ease call:	
V	Mame of Person	Area Code Daytime Telephone Number	
Enclosed is a	check for the following amount:		
\$125.00 Filin	ng 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 ORCANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	lite Commune ier			
The name of the Limited Liabi	inty Company is:			
MC GLOBAL SO	URCING LLC			
	ntain the words "Limited	Liability Company	, "L.L.C.," or "LLC.")	_
ADTIOLE H. A. L				
ARTICLE II - Address: The mailing address and street	address of the principal of	office of the Limited	Liability Company is:	
	1000		Martin . Addison.	
Prinți	ipal Office Address:		Mailing Address:	
668 Route 70 West			668 Route 70 West	
Lakehurst, NJ 0873	33	Lak	ehurst, NJ 08733	_
-		<del></del>		-
ARTICLE III - Registered A				
			You must designate an individual or	
another business entity with ar	n active Florida registratio	on.)		
The name and the Florida stree	et address of the registered	l agent are:		
	DECICEDED ACE	NIT COLUMNONS	INIC	
	REGISTERED AGE	Name	INC.	
	155 Office Plaza Dri			
	Florida street addres	s (P.O. Box <u>NOT</u> a	cceptable)	
	Tallahassee	FL	32301	
	City	State	Zip	
Having heer named as registered	d agent and to accept same	ice of process for the	v ahove stoted limited lighility company	u tha
			e above stated limited liability company of agent and agree to act in this capacit	
place designated in this certificat further agree to comply with the p	te. I hereby accept the app provisions of all statutes re	ointment as register clatifig to the prope	ed agent and agree to act in this capacit and complete performance of my duties	v. 1
place designated in this certificat further agree to comply with the p	te. I hereby accept the app provisions of all statutes re	ointment as register clatifig to the prope	ed agent and agree to act in this capacit	v. 1
place designated in this certificat further agree to comply with the p	te. I hereby accept the app provisions of all statutes re	ointment as register clating to the prope as legistored agent	ed agent and agree to act in this capacity and complete performance of my duties as provided for in Chapter 605, F.S	v. 1 , and 1
place designated in this certificat further agree to comply with the p	te. I hereby accept the app provisions of all statutes re	ointment as register clating to the prope as legistored agent	ed agent and agree to act in this capacit and complete performance of my duties	v. 1 , and 1

(CONTINUED)

FILED 19 JUL 10 AH 9: 55 The name and address of each person authorized to manage and control the Limited Liability Company:

Title: "AMBR" = Authori		Name and Address:		
"MGR" = Manager MMBR	Mark Heck 668 Route 70 We Lakehurst, NJ 08	<del></del>		
MBR	Trisha Heck 668 Route 70 We Lakehurst, NJ 08			
<del>- 4,</del>				
(Use attachment if r	ecessary)			
If an effective date is listed, he date of filing.) Note: If the date inserted in	if other than the date of filing: the date must be specific and cannot be more the shock does not meet the applicable statutory on the Department of State's records.	nan five business days prior to or 90 days after		
RTICLE VI: Other provision	ns, if any,			
REQUIRED SIGN	ATURE: Mara Co			
l an	Signature of a member or an authorized rep document is executed in accordance with section aware that any false information submitted in a catifutes a third degree felony as provided for in s.	n 605.0203 (1) (b), Florida Statutes. document to the Department of State		
	Mark Heck 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)

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