Division of Corporations ··· 13 Fil 2: 27 Electronic Filing Cover Sheet 1.15

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : FANJUL CPA, INC. Account Number : I20130000039 : (305)603-8791 Phone

Fax Number : (877)503-6086

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

| Email | Address: |  |  |  |
|-------|----------|--|--|--|
|       |          |  |  |  |

# FLORIDA LIMITED LIABILITY CO. MASTER PLANNING CONSULTING GROUP LLC

| Certificate of Status | 0        |
|-----------------------|----------|
| Certified Copy        | 0        |
| Page Count            | 01       |
| Estimated Charge      | \$125.00 |

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Electronic Filing Menu

Corporate Filing Menu

Help

### ARTICLE I - Name:

The name of the Limited Liability Company is:

## MASTER PLANNING CONSULTING GROUP 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:     |
|---------------------------|----------------------|
| 22744 SW 54TH WAY         | 22744 SW 54TH WAY    |
| BOCA RATON, FL 33433      | BOCA RATON, FL 33433 |
|                           |                      |

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:

| HECTOR D DIAZ          |                         |            |
|------------------------|-------------------------|------------|
|                        | Name                    |            |
| 22744 SW 54TH WA       | Υ                       |            |
| Florida street address | (P.O. Box <u>NOT</u> ac | cceptable) |
| BOCA RATON             | FI.                     | 33433      |
| 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

To:

Page: 3 of 3

| ARTICLE IV- |
|-------------|
|-------------|

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

| "MGR" - Authorized Member "MGR" - Manager AMBR  HECTOR D DIAZ 22744 SW 54TH WAY BOCA RATON, FL 33433  AMBR  YOLANDA A INDOVINO 22744 SW 54TH WAY BOCA RATON, FL 33433  (Use attachment if necessary)  TICLE V: Effective date, if other than the date of filing:  (OPTIONAL)  Interfereive date is listed, the date must be specific and cannot be more than five business days prior to or 90 days aff date of filing.)  Interfereive date is listed, the date must be specific and cannot be more than five business days prior to or 90 days aff date of filing.)  Interfereive date in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.  TICLE VI: Other provisions, if any.  REOURED SIGNATURE:  X 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.  HECTOR D DIAZ  Typed or printed name of signee  S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent S 30.00 Certificate of Status (Optional)  | Title:   | Name and Address:   |
|--|--|---|
| AMBR    HECTOR D DIAZ  |  |   |
| AMBR  YOLANDA A INDOVING 22744 SW 54TH WAY BOCA RATON, FL 33433  (Use attachment if necessary)  TICLE V: Effective date, if other than the date of filing:  un effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days aff date of filing.)  te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.  TICLE VI: Other provisions, if any.  REOURED SIGNATURE:  X 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 at third degree felony as provided for in s.817.155, F.S.  HECTOR D DIAZ  Typed or printed name of signee  Signature of a member of the Department of State states.  Filing Fees:  S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent  S 30.00 Certified Copy (Optional)  |  | HECTOR D DIAZ   |
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