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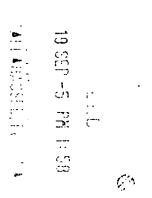
(R	equestor's Name)	
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PICK-UP	WAIT	MAIL
(B	Jusiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	o Filing Officer:	

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* COVER LETTER

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TO:	Régistration of Control	Section Corporations	*	
SUBJI	ECT: <u>MMS C</u>	Online Enterprises LLC Name of Lis	mited Liability Company	-
The en	closed Articles	of Organization and fee(s) a	re submitted for filing.	
Please	return all corre	spondence concerning this r	natter to the following:	
	<u>Melissa l</u>	M Sinclair		
			Name of Person	
			Firm/Company	
	1951 NV	/ South River Dr. APT, 19	04	
			Address	
	<u>Miami, Fl</u>			
			City/State and Zip Code	•
<u>m</u>	elmaysin1986	@gmail.com E-mail address: (to be use	d for future annual report notifica	ation)
For fur	ther informatio	n concerning this matter, plea	ase call:	
<u>Meliss</u>	a M Sinclair Nan	at (at (at (at (at (786) 599-5855 Area Code Daytime Te	lephone Number
	. 1411	12 01 1 013011	Area Code Daytine Te	reprione Number
Enclose	ed is a check fo	r the following amount:		
□ \$i25.0	0 Filing 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)
	<u>Mai</u>	ling Address	Street/Courier Add	ress

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee. FL 32314

Registration 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:		
MMS Online Enterprise (Mu	st end with the words	"Limited Liability Company, "L.L.C.," or	"LLC.")
ARTICLE II - Address:			•
The mailing address and s	street address of the p	rincipal office of the Limited Liability Cor	npany is:
Principal Office Address	<u>s:</u>	Mailing Address:	
1951 NW South River Miami, FL 33125	Dr. APT. 1904	1951 NW South River Dr. Miami, FL 33125	APT. 1904
	empany cannot serve a	d Office, & Registered Agent's Signatur as its own Registered Agent. You must des registration.)	
The name and the Florida	street address of the	registered agent are:	
.N	lelissa M Sinclair		
		Name	
1	951 NW South Rive	er Dr. APT. 1904	
		(P.O. Box NOT acceptable)	
٨	1iami	FL 33125	
	City	Zip	
the place designated i capacity. I further agre	n this certificate, I her to comply with the p	accept service of process for the above state reby accept the appointment as registered a provisions of all statutes relating to the propert the obligations of my position as registed Chapter 605, F.S	gent and agree to act in this er and complete performance
	M. Sulu Registered Age	nt's Signature (REQUIRED)	
	(C	ONTINUED)	3 8
		Page 1 of 2	

	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	Maliana M. Cinalais
AMBR	Melissa M Sinclair
	1951 NW South River Dr. APT. 1904
	Miami, FL 33125
	→ \
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E V: Effective date, if other than the date ective date is listed, the date must be sp	of filing: (OPTIONAL) secific and cannot be more than five business days prior to or 90 c
(Use attachment if necessary) EV: Effective date, if other than the date ective date is listed, the date must be spot filing.) EVI: Other provisions, if any.	of filing: (OPTIONAL)
E V: Effective date, if other than the date extive date is listed, the date must be sport filling.)	of filing: (OPTIONAL)
E V: Effective date, if other than the date ective date is listed, the date must be sport filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90 o
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E V: Effective date, if other than the date ective date is listed, the date must be spor filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section 60 constitutes an affirmation und	ember or an authorized representative of a member. 25.0203 (1) (b), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true.
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