

LA 00023966

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : JAY PROFESSIONAL SERVICES
Account Number : 120190000037
Phone : (954)864-8452
Fax Number : (786)800-9489

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

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
MCM Company, LLC**

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

2019 OCT -3 AM 10:18
SERIAL REPORT GENERATE
FALL FACTORY FL

2019 OCT -3 PM 2:15

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: MCM COMPANY, LLC
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:

Yenny Cortes
Name of Person
Jay Professional Services, LLC
Firm/Company
13403 Nw 5Pl
Address
Plantation FL 33325
City/State and Zip Code
ycortes@jayaccounting.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Yenny Cortes at (954) 864-452
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 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)

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



October 3, 2019

FLORIDA DEPARTMENT OF STATE
Division of Corporations

JAY PROFESSIONAL SERVICES

SUBJECT: MCM COMPANY, LLC
REF: W19000088252

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.

You cannot submit an online form by fax.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Neysa Culligan
Regulatory Specialist II

FAX Aud. #: H19000292963
Letter Number: 219A00020356

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MCM COMPANY, 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:

8332 NW 30 TERRACE
DORAL FL 33122

13403 NW 5PL
PLANTATION FL 33325

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:

JAY PROFESSIONAL SERVICES LLC

Name

13403 NW 5 PL

Florida street address (P.O. Box **NOT** acceptable)

PLANTATION FL 33325
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..

Yenny Cortes

Registered Agent's Signature (REQUIRED)

(CONTINUED)

SECRETARY OF STATE
TALLAHASSEE, FL

2019 OCT --3-- AM 10:18

ARTICLE IV-

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

Title:
"AMBR" = Authorized Member
"MGR" = Manager
MGR

Name and Address:
NATALIA A MEJIA
8332 NW 30 TERRACE
DORAL FL 33122

MGR

JULY A VARGAS
8332 NW 30 TERRACE
DORAL FL 33122

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 10/01/2019 . (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:

Yenny Cortes

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.

YENNY CORTES
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)