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 : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number : 075350000353 Phone : (800)221-2972 Fax Number : (718)889-7420

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

Email	Address:_	 	
Email	Address:_		

FLORIDA LIMITED LIABILITY CO. Mighty B LLC

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

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DCT 1 0 2019

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

name of the Limited Liability Company is:	
Mighty B LLC	
(Must end with the words "Limited Liab	oility Company, "L.L.C," or "LLC.")
TICLE II - Address: mailing address and street address of the principal office Principal Office Address:	of the Limited Liability Company is: Mailing Address:
mailing address and street address of the principal office	

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

another business entity with an active Florida registration.)

DONOVAN BERB	RIDGE	
	Name	
1625 NW 80TH AV	ENUE UNIT H	
Florida street addres	ss (P.O. Box <u>NOT</u> a	ceptable)
MARGATE	FL	33063
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.

x D. Berbridge
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	DONOVAN BERBRIDGE
	1625 NW 80TH AVENUE UNTT H
	MARGATE, FL 33063
	· · · · · · · · · · · · · · · · · · ·
effective date is listed, the date must te of filing.)	he date of filing:
CLE V: Effective date, if other than effective date is listed, the date muste of filing.) If the date inserted in this block document's effective date on the Department.	t be specific and cannot be more than five business days prior to or 90 days is so not meet the applicable statutory filing requirements, this date will not be list
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CLE V: Effective date, if other than effective date is listed, the date muste of filing.) If the date inserted in this block document's effective date on the Department's effective date on the Department effective da	b. Berbridge b. farmonber or an authorized representative of a member.
CLE V: Effective date, if other than effective date is listed, the date must be of filing.) If the date inserted in this block document's effective date on the Department's effective date in listed, the date must be determined as the Department of the Dep	b. Berbridge D. Berbridge of a member or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b), Florida Statutes.
CLE V: Effective date, if other than effective date is listed, the date must te of filing.) If the date inserted in this block document's effective date on the Department's effective date on the Department's CLE VI: Other provisions, if any. REOURED SIGNATURE: Signature This document if am aware that a	b. Berbridge b. farmonber or an authorized representative of a member.
CLE V: Effective date, if other than effective date is listed, the date must be of filing.) If the date inserted in this block document's effective date on the Department's effective date on the Department's CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature This document if am aware that a	b Berbridge of a member or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b), Florida Statutes. any false information submitted in a document to the Department of State in degree felony as provided for in s.B17.155, F.S. DONOVAN BERBRIDGE
CLE V: Effective date, if other than effective date is listed, the date must te of filing.) If the date inserted in this block document's effective date on the Department's effective date on the Department's CLE VI: Other provisions, if any. REOURED SIGNATURE: Signature This document if am aware that a	b B 2 bridge of a member or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b), Florida Statutes. ny false information submitted in a document to the Department of State is degree felony as provided for in s.B17.155, F.S.

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