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Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : THREE K FAST CARRIER SERVICES INC

Account Number : I20180000033

Phone : (305)805-3516 : (305)887-5844

Fax Number

**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. M & K SERVICES LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

(H1900035174883)

COVER LETTER

TO:	New Filing Section Division of Corporations	
SUBJE	M & K SERVICES LLC	
	Name	of Limited Liability Company
The end	closed Articles of Organization and fed	e(s) are submitted for filing.
	eturn all correspondence concerning t	
	JOSE E. MARTINEZ	
		Name of Person
	M & K SERVICES LLC	
		Firm/Company
	2326 SW 20TH TERR	
		Address
	CAPE CORAL, FL 33991	
	KIKIMARTINEZ73@YAHOO.CO	City/State and Zip Code
		used for future annual report notification)
or further	information concerning this matter, p	
	JOSE E MARTINEZ	786 402-9714
	Name of Person	Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:	
	0 Filing Fee	e & I\$155.00 Filing Fee & I\$160.00 Filing Fee, Certificate of Status & Cadditional copy is enclosed) 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPAN

AR	n	CL	\mathbf{E}	Ī -	Na	me:
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The name of the Limited Liability Company is:

M & K SERVICES LLC

(Must conatin 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:

	<u>Princi</u>	pal	Office	Ad	dress:
--	---------------	-----	--------	----	--------

Mailing Address:

2326 SW 20TH TERR CAPE CORAL, FL 33991

2326 SW 20TH TERR CAPE CORAL, FL 33991

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:

JOSE E. MARTINEZ

Name

2326 SW 20TH TERR

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

CAPE CORAL

City

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 Iam 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)

A	R	Ti	C	T.J	F	IV-

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

Title:	Name and Address:
"AMBR" = Authorized Member	Statue and Address:
"MGR" = Manager	
_	
<u>MGR</u>	IOSE E MADEINE
	JOSE E. MARTINEZ
	2326 SW 20TH TERR
	CAPE CORAL, FL 33991
	•
	
(Tan asset)	
(Use attachment if necessary)	
ARTICLE V: Effective date if other than the date of	861 13 11 ansa
If an effective does in line of the state of	of filing: 12-11-2019 (OPTIONAL) eific and cannot be more than five business days prior to or 90 days after
the date of silvery	rific and cannot be more than five business days prior to an OO d
the date of ming.)	and a substitution of the days after
Note: If the date inserted in this block does not me	eet the applicable statutory filing requirements, this date will not be listed as
the document's effective date on the Department of	sectifie applicable stantiory filing requirements, this date will not be listed as
s effective date on the Department of	State's records.
ARTICLE VI: Other provisions, if any.	
NONE	
;	
REQUIRED SIGNATURE:	
- TORE.	<u></u>
Signature of a mem	ber or an authorized representative of a member.
This document is executed	in accordance with section 605,0203 (1) (b). Florida Statutes.
and aware that any raise if	of the accordance with section 605,0203 (1) (b). Florida Statutes, aformation submitted in a document to the Department of State
constitutes a third degree fi	elony as provided for in s.817.155, F.S.
JOSE E. MARTINE	Z
	Funed or printed
	yped 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)