

L20000074613

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

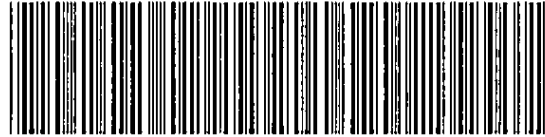
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500341915645

FILED

2020 MAR 11 AM 11:26

SECRETARY OF STATE
TALLAHASSEE, FL 32399

2020 MAR 11 11:31

MAR 12 2020

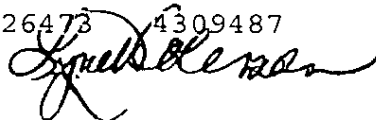
Brumley

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 226473 4309487

AUTHORIZATION :



COST LIMIT : \$ 125.00

ORDER DATE : March 10, 2020

ORDER TIME : 10:47 AM

ORDER NO. : 226473-005

CUSTOMER NO: 4309487

DOMESTIC FILING

NAME: MEZART LLC

EFFECTIVE DATE:

_____ ARTICLES OF INCORPORATION
_____ CERTIFICATE OF LIMITED PARTNERSHIP
XX _____ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson - EXT.

EXAMINER'S INITIALS: _____

**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I – Name:

The name of the Limited Liability Company is:

MEZART LLC

ARTICLE II – Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

<u>Principal Office Address:</u>	<u>Mailing Address:</u>
10225 Collins Avenue, Unit 2201 Bal Harbour, FL 33154	10225 Collins Avenue, Unit 2201 Bal Harbour, FL 33154

ARTICLE III – Registered Agent, Registered Office & Registered Agent's Signature:

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

Lynne G. Mesznik
10225 Collins Avenue, Unit 2201
Bal Harbour, FL 33154

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 company 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

FILED
2020 MAR 11 AM 11:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV –

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

<u>Title:</u>	<u>Name and Address:</u>
MGR	Lynne G. Mesznik 10225 Collins Avenue, Unit 2201 Bal Harbour, FL 33154

ARTICLE V: Effective date, if other than the date of filing: None

ARTICLE VI: Other Provisions, if any.

None

REQUIRED SIGNATURE:



Signature of a member of 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.

Lane T. Watson

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)