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(Business Entity Name)
(Document Number)
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TALLAHASSET TOORD

COVER LETTER

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TO:	New Filing Sec					
	Division of Cor	rporations	••	;	÷	€.
•					ĩ	
	MTRION	NE, LLC.				
SUBJI	ECT:					
		Name of Lin	nited Liability	Company		
The en	closed Articles of	Organization and fee(s) are	e submitted fo	or filing.		
Please	return all correspo	ondence concerning this ma	atter to the fol	lowing:		
	Antoinette L	iguori				
	-					
			Name of Pe	erson		
			Firm/Com	nany		
			i ii ii Com	purij		
	3840 Grantli	ne Road				
	JOHO (Hallin	ine Road				
			Addres	S	•	
	Mims, Florid	da 32754				
						
		C	City/State and	Zip Code		
	akliguori1@g	mail.com				
		E-mail address: (to be used	for future and	nual report	notificati	ion)
		e man address. (to se used	107 151070 0111	ioui report		,
For furt	ner information co	ncerning this matter, please	e call:			
		.,				
	Antoinette L	iguori 31	21	720-5579		
		at ()			
	Nan	ne of Person A	rea Code	Daytime T	Felephon	e Number
Enclos	ed is a check for t	he following amount:				
	5 00 Cilian Car	TELEGRAPHICA For P.	□ € 155	OO Elling E	a. 9.	=\$160.00 Eiling Foo
⊔\$1 2	5.00 Filing Fee	☐\$130.00 Filing Fee & Certificate of Status	. — Ш\$155.! Certified	00 Filing Fo	cc oc	■\$160.00 Filing Fee, Certificate of Status &
		ceruneate or status	(additional		closeds	Certified Copy
			(audinolla)	copy is circ	.ioscu)	(additional copy is enclosed
						(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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

• .

ty Company is:		
tin the words "Limited	Liability Corr	npany, "L.L.C.," or "LLC.")
ddress of the principal o	office of the L	imited Liability Company is:
al Office Address:		Mailing Address:
	<u> </u>	P.O. BOX 145 Mims, FL 32754
cannot serve as its own active Florida registration	Registered A	d Agent's Signature; agent. You must designate an individual or
Antoinette Liguori		
	Name	
3840 Grantline Rd.		
Florida street addres	ss (P.O. Box 🏻	NOT acceptable)
Mims	FL	32754
City	State	Zip
I hereby accept the approvisions of all statutes rolligations of my position	pointment as re- relating to the as registered	for the above stated limited liability company at the egistered agent and agree to act in this capacity. I proper and complete performance of my duties, and agent as provided for in Chapter 605, F.S Signature (REQUIRED)
	ent, Registered Office, cannot serve as its own active Florida registered address of the registered Antoinette Liguori 3840 Grantline Rd. Florida street address Mims City agent and to accept serve, I hereby accept the approvisions of all statutes rebligations of my position	ent, Registered Office, & Registered active Florida registered agent are: Antoinette Liguori Name 3840 Grantline Rd. Florida street address (P.O. Box 2) Mims FL City State agent and to accept service of process of all statutes relating to the obligations of my position as registered to the collegations of the collegations of the collegations of the collegations of the

(CONTINUED)

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager MGR Antoinette Liguori 3840 Grantline Rd. Mims, FL 32754 Michael Liguori 3840 Grantline Rd. MGR Mims, FL 32754 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: . (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: Signature of a member or an authorized representative of a member.

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.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.

, ,

Antoinette Liguori

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)

COVER LETTER

TO:	New Filing Sec Division of Co				
SUBJEC		SE, LLC.			
SOBIL		Nar	ne of Limited 1.	iability Company	
The enc	losed Articles of	Organization and	fee(s) are subn	uitted for filling.	
Please re	eturn all correspo	ondence concernir	ig this matter to	the following:	
	Antoinette L	iguori			
			Nar	ne of Person	
			Fir	n/Company	
	3840 Grantli	ne Road			
		-		Address	
	Mims, Florid	ia 32754			
	-III	:1	City/Sta	te and Zip Code	
	akliguori1@g	······································	be used for fu	ure annual report notifica	tion)
For furthe		ncerning this matt		•	
	Antoinette Li	guori	321 at (720-5579	
	Nam	e of Person	Area Co	de Daytime Telepho	ne Number
Umalassus	t in a mhande for t	b. f.Haniaa aaa			
		he following amou		\$155.00 Filing Fee &	■\$160.00 Filing Fee,
□\$125.00 Filing Fee □\$130.00 Filing Fee & Certificate of Status			status C	ertified Copy itional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
		ig Address		Street Address	
		iling Section on of Corporations	•	New Filing Section Division of Corpora	tions
	P.O. B	ox 6327	•	Clifton Building	
	Tallah	assee, FL 32314		2661 Executive Cen	ter Circle

Tallahassee, FL 32301

ARTICLES OF OR GANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Liabilit	y Company is:			
MTRIONE, LLC.				
	tin the words "Limited	L inhility Compan	y, "L.L.C.," or "L.LC.")	
(Musi Colla	till tile words animed	i istatifuty Compar	iy, Educa or 1000.	
ARTICLE II - Address: The mailing address and street ad	Idress of the principal	office of the Limit	ed Liability Company is:	
Princips	Principal Office Address:			lress:
3840 Grantline Rd.		P.	O. BOX 145	
Mims, FL 32754		<u>M</u>	Mims, FL 32754	
				
The name and the Florida street :	Antoinette Liguori	Name		
	3840 Grantline Rd	l.		
	Florida street addre	ss (P.O. Box <u>NO</u>	Lacceptable)	
	Mims	FL	32754	
	City	State	Zip	
laving been named as registered a lace designated in this certificate, arther agree to comply with the pr im familiar with and accept the ob	I hereby accept the appositions of all statutes ligations of my position	pointment as regis relating to the pro- n as registered age	tered agent and agree to ac per and complete performa	t in this capacity. I nce of my duties, and i

(CONTINUED)

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

<u>Title:</u>	Name and Address:	
	uthorized Member	
"MGR" = Ma		
MGR	Antoinette Liguori 3840 Grantline Rd.	
	Mims. FL 32754	
MGR	Michael Liguori	
100000	3840 Grantline Rd.	
	Mims. FL 32754	
		
(Use attachme	ent if necessary)	
ADTICLE V. Effective	e date, if other than the date of filing: (OPTIONAL)	
(If an effective date is I	isted, the date must be specific and cannot be more than five business days prior to or 90 d	avs after
the date of filing.)		
Note: If the date insert	ted in this block does not meet the applicable statutory filing requirements, this date will not b	e listed as
the document's effective	ve date on the Department of State's records.	
ARTICLE VI: Other pr	varietiens if any	
AKTICLE VI. Olici pi	ovisions, it any.	
· — — — — — — — — — — — — — — — — — — —		
	()	
REQUIRED	SIGNATURE:	
	Minor Trues	
	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.	
	Antoinette Liguori	
	Typed or printed name of signee	1
	. M L	7
	Filing Fees:	<u> </u>

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)