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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : MIAMI BUSINESS SOLUTIONS, INC.
Account Number : I20170000045
Phone : (786)546-4490
Fax Number : (800)323-1074

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

Email Address: edus200_miracles@hotmail.com

2020 MAY 22 PM 2:40

FLORIDA LIMITED LIABILITY CO.
MAZAL20 LLC

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



May 21, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

MIAMI BUSINESS SOLUTIONS

SUBJECT: MAZAL20 LLC
REF: W20000050250

We have received your document for MAZAL20 LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):
We have received your electronically transmitted document. However, the document was submitted under the wrong electronic filing type and cannot be processed by this office.

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Keyna E Page
Regulatory Specialist II

FAX Aud. #: H20000149136
Letter Number: 420A00010282

**ARTICLES OF ORGANIZATION
FOR
MAZAL20 LLC.**

Article I

The name of the Limited Liability Company is:
MAZAL20 LLC

Article II

The principal place of business address:
1651 SANDY SPRINGS DR
FLEMING ISLE, FL 32003

The principal place of business address:
1651 SANDY SPRINGS DR
FLEMING ISLE, FL 32003

Article III

The purpose for which this corporation is organized is:
ALL LAWFUL BUSINESS.

Article IV

The name and Florida street address of the registered agent is:
MIAMI BUSINESS SOLUTIONS INC.
1651 SANDY SPRINGS DR
FLEMING ISLE, FL 32003

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.


EDUARDO MIRALLES

Article V

The name and address of person(s) authorized to manage LLC:

Title: AMBR
ESTEBAN J ZECLER
1651 SANDY SPRINGS DR
FLEMING ISLE, FL 32003

Title: AMBR
KARINA M CULACIATI
1651 SANDY SPRINGS DR
FLEMING ISLE, FL 32003

Article VI

The effective date for this corporation shall be:

05/19/2020.

Signature of members and authorized representative

I am the member or authorize representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.



ESTEBAN J ZECLER



KARINA M CULACIATI