

L20000224890

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

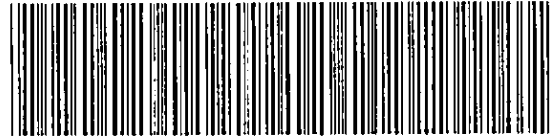
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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06/23/20--01002--010 \*\*73.50

08/05/20--01004--001 \*\*51.50

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SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

AUG 11 2020

FLORIDA.CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

(OFFICE USE ONLY)

Business Name & Document Number, (if known):

1. MANDISOVI LLC

Name

Document Number (if known)

Walk in

Pick up time

Mail out

Will wait

Photocopy

Certified Copy of Articles of  
Organization

Certificate of Status

**NEW FILINGS**

**AMENDMENTS**

Profit

Amendment

Not for Profit

Resignation of R.A. Officer/Director

Limited Liability

Change of Registered Agent

Domestication

Dissolution/Withdrawal

Other -

Merger

**OTHER FILINGS**

**REGISTRATION/QUALIFICATIONS**

Annual Report

Foreign

Fictitious Name

Limited Partnership

APOSTIL

Reinstatement

Trademark

                      
COUNTRY

Other

EXAMINER'S INITIALS: \_\_\_\_\_

**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** MANDISOVT LLC  
-----  
Name of Limited Liability Company

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARTIN DELLOCA  
-----  
Name of Person

MDELL CONSULTING CORP  
-----  
Firm Company

777 BRICKELL AVE STE 500-49  
-----  
Address

MIAMI, FL 33131  
-----  
City State and Zip Code

MDELLOCA@MDELLCONSULTING.COM  
-----  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARTIN DELLOCA                      305                      607-3493  
-----                      305                      -----  
Name of Person                      Area Code                      Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee       \$130.00 Filing Fee & Certificate of Status       \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)       \$160.00 Filing Fee, Certificate of Status & 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 32305

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TALLAHASSEE, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MANDISOVI LLC

(Must contain 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:

Principal Office Address:

Mailing Address:

777 BRICKELL AVE STE 500-49  
MIAMI, FL 33131

777 BRICKELL AVE STE 500-49  
MIAMI, FL 33131

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:

BLUFMAX PARTNERS CORP

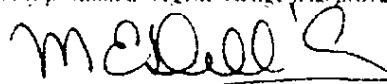
Name

777 BRICKELL AVE STE 500-49

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

MIAMI                      FL                      33131  
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.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

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

**Title:**

**Name and Address:**

"AMBR" - Authorized Member

"MGR" - Manager

MGR \_\_\_\_\_

MARTIN DELLOCA

777 BRICKELL AVE STE 500-49

MIAMI, FL 33131

\_\_\_\_\_  
\_\_\_\_\_  
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TALLAHASSEE, FL

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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing, \_\_\_\_\_ (OPTIONAL)

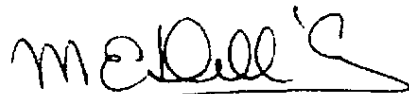
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.

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.

MARTIN DELLOCA

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)