

# L2000273799

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**FLORIDA LIMITED LIABILITY CO.  
MPCSME, LLC**

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**ARTICLES OF ORGANIZATION  
OF  
MPCSMF, LLC**

The undersigned subscriber to these Articles of Organization, a natural person, competent to contract, hereby executed these Articles of Organization for the purpose of forming a limited liability company under the laws of the State of Florida.

**ARTICLE I.**

The name of this limited liability company is MPCSMF, LLC.

**ARTICLE II.**

The period of duration for this limited liability company shall be perpetual.

**ARTICLE III.**

The mailing address of the principal office of this limited liability company is P.O. Box 1231, Monticello, FL 32345, and the street address of the principal office of this limited liability company is 6780 Gum Swamp Road, Greenville, Florida 32331.

**ARTICLE IV.**

The name and street address of the initial registered agent of this limited liability company is JOHN TODD, 6780 Gum Swamp Road, Greenville, Florida 32331.

**ARTICLE V.**

The only members of this limited liability company are JOHN TODD, KEVIN BARNWELL and SEAN GRAY; who shall each initially receive a one-third (1/3) membership interest in this limited liability company. The members of this limited liability company may admit additional members to this limited liability company by unanimous vote of the members of this limited liability company.

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ARTICLE VI.

The remaining members of this limited liability company shall have the right to continue the business of this limited liability company on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in this limited liability company.

ARTICLE VII.

This limited liability company shall be a manager managed limited liability company and the Manager is JOHN TODD, who shall have the right and authority to manage this limited liability company.

ARTICLE VIII.

The organizing member of this limited liability company is JOHN TODD.

IN WITNESS WHEREOF, the said organizing member has hereunto set his hand and seal this 27 day of July, 2020.

MPCSMF, LLC

By:   
JOHN TODD, Organizing Member

STATE OF FLORIDA  
COUNTY OF MADISON

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I HEREBY CERTIFY that on this day before me, an officer duly authorized in the State and County named above to take acknowledgments, personally appeared JOHN TODD, as the Organizing Member of MPCSMF, LLC, before me known to be the person described as the Organizing Member in, and who executed the foregoing Articles of Organization, and

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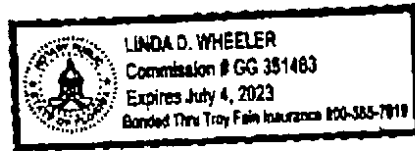
acknowledged before me that he subscribed to these Articles of Organization.

WITNESS my hand official seal in the County and State named above this 28 day of July, 2020.

The foregoing instrument was acknowledged before me by means of ☒ physical presence or ☐ online notarization, this 28 day of July, 2020, by JOHN TODD,, who is personally known to me or who produced \_\_\_\_\_ as identification.

Linda D. Wheeler  
(Signature of Notary Public--State of Florida)

(Print, Type, or Stamp Commissioned Name of  
Notary Public)



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CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE  
FOR SERVICE OF PROCESS WITHIN FLORIDA.  
NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

In compliance with Chapter 605 and /or Chapter 621, Florida Statutes, the following is submitted:

MPCSMF, LLC, to organize or qualify under the laws of Florida, with its principal place of business at 6780 Gum Swamp Rd Monticello FLA, names JOHN TODD, whose mailing address is P.O. Box 1231, Monticello, FL 32345, and whose street address is 6780 Gum Swamp Rd Monticello FLA as its registered agent to accept service of process within Florida, and for such other purposes as required for registered agents.

MPCSMF, LLC

By: 

JOHN TODD, Manager

Dated: 7/27, 2020

Having been named to accept service of process for the above named limited liability company, at the place designated in this Certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties. I am familiar with, and accept the obligations of registered agent.

  
JOHN TODD

Registered Agent

Dated: 7/27, 2020

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