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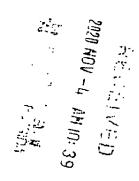
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Pill 15t

Office Use Only

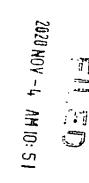


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COVER LETTER

TO: New Filing Section Division of Corporations	• •	
SUBJECT: M MC DONAL Name of L.	Id enterprimited Liability Company	se LLC
The enclosed Articles of Organization and fee(s) a	are submitted for filing.	
Please return all correspondence concerning this u	natter to the following:	
Marvin	Mame of Person	
M MyDonald	d enterprise	e LLC
183rd auth n	orth west 2	29th Court
Miamic Fla	33050 City/State and Zip Code	
jumboccurte	r@icloud.c	α
·	ed for future annual report notification	on)
For further information concerning this matter, please Marrin MC Dadat (Selo) 400 Area Code Daytime Telephone	833 Number
Enclosed is a check for the following amount:		
S130.00 Filing Fee	& \[\textsup \text{S155.00 Filing Fee & Certified Copy (additional copy is enclosed)} \]	☐\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address New Filing Section Division of Corporations	Street Address New Filing Section Di The Centre of Tallaha	

P.O. Box 6327

Tallahassee, FL 32314

Tallahussee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Majling Address:
Principal Office Address:
183rd 20th North West 20th Court
Minmi F1.33056
LOSS S. Dagistared Agent's Signature:
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
(The Limited Liability Company cannot serve as its own registration.)
another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
Marketin MC Cross MC
MMAILI MAS
Name Name Name
19219 JOHN WEST 2911 COURCE
Florida street address (P.O. Box NOT acceptable)
101 m 3200 A
Mami Fla 35054
City State Zip
s and a share stated limited liability company at the
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 of the proper and complete performance of my duties, and I
further agree to comply with the provisions of all statutes retaining to the proper as provided for in Chapter 605. F.S

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 VI: Other provisions, if any.

(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

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as

REQUIRED SIGNATURE:

the date of filing.)

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.

Marvin McDorald 160

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)

the document's effective date on the Department of State's records.