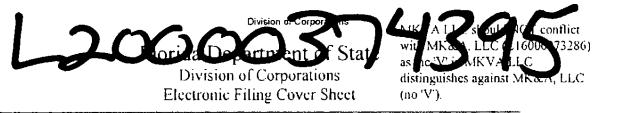
12/8/2020



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H200004192773)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062

Phone

Fax Number

: (323)962-8600 : (323)962-3889

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

Email	Address:	_	

FLORIDA LIMITED LIABILITY CO. MKVA LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

D O'KEEFE DEC 0 9 2020

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Lial	bility Company is:		
MKVA LLC			
(Must c	onatin the words "Limited	Liability Company, "I	L.L.C.," or "LLC.")
ARTICLE II - Address:			
The mailing address and stree	et address of the principal of	office of the Limited t.	iability Company is:
<u>Prin</u>	cipal Office Address:		Mailing Address:
2789 SW Maripo	sa Cir		
Palm City, Florid			
Palm City, Florid	a 34990		
Palm City, Florid	a 34990 Agent, Registered Office.		
Palm City, Florid ARTICLE III - Registered The Limited Liability Comp	a 34990 Agent, Registered Office, any cannot serve as its own	n Registered Agent. Ye	's Signature: ou must designate an individual or
Palm City, Florid ARTICLE III - Registered The Limited Liability Comp	a 34990 Agent, Registered Office, any cannot serve as its own	n Registered Agent. Ye	
Palm City, Florid ARTICLE III - Registered The Limited Liability Companother business entity with	Agent, Registered Office, any cannot serve as its own an active Florida registrati	n Registered Agent. Ye on.)	
Palm City, Florid ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, any cannot serve as its own an active Florida registrati	n Registered Agent. Ye on.)	
Palm City, Florid ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, sany cannot serve as its own an active Florida registraticeet address of the registere	n Registered Agent. Yo on.) d agent are:	
Palm City, Florid ARTICLE III - Registered	Agent, Registered Office, any cannot serve as its own an active Florida registrati	n Registered Agent. Yo on.) d agent are:	
Palm City, Florid ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, sany cannot serve as its own an active Florida registraticeet address of the registere	n Registered Agent. Youn.) d agent are: ration Agents, Inc.	
Palm City, Florid ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, sany cannot serve as its own an active Florida registrative and address of the registere United States Corporate States Corporate States Corporate States Corporate States States States Corporate States	n Registered Agent. Youn.) d agent are: ration Agents, Inc.	ou must designate an individual or
Palm City, Florid ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, sany cannot serve as its own an active Florida registrative and address of the registere United States Corporate States Corporate States Corporate States Corporate States States States Corporate States	n Registered Agent. Younn) d agent are: pration Agents, Inc. Nation	ou must designate an individual or

Having been named as registered agent and to accept service of process for the above stated limited liability company at the $place\ designated\ in\ this\ certificate,\ Thereby\ accept\ the\ appointment\ as\ registered\ agent\ and\ agree\ to\ act\ in\ \emph{Fis}\ capacity.\ Thereby\ accept\ the\ appointment\ as\ registered\ agent\ and\ agree\ to\ act\ in\ \emph{Fis}\ capacity.\ Thereby\ accept\ the\ appointment\ as\ registered\ agent\ and\ agree\ to\ act\ in\ \emph{Fis}\ capacity.$ 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 Capts 605, FS

Registered Agent's Signature (REQ) RED

(CONTINUED)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
MGR	Sonia Graves 2789 SW Mariposa Cir Palm City, Florida 34990	
MGR	Dustin Graves 2789 SW Mariposa Cir Palm City, Florida 34900	
	Palm City, Florida 34990	
(Use attachment if necessary)	day of Glings (OPTION)	:A1)
LEV: Effective date, if other than the confective date is listed, the date must be e of filing.) If the date inserted in this block does not be a second to	date of filing (OPTION e specific and cannot be more than five business days prior of meet the applicable statutory filing requirements, this day ent of State's records.	r to or 90 da
CLEV: Effective date, if other than the conflictive date is fisted, the date must be e of filing.) If the date inserted in this block does not be determined in the Department of the Department.	e specific and cannot be more than five business days prio ot meet the applicable statutory filing requirements, this day	r to or 90 da
CLEV: Effective date, if other than the confective date is fisted, the date must be e of filing.) If the date inserted in this block does not unent's effective date on the Department. CLEVI: Other provisions, if any.	e specific and cannot be more than five business days prio ot meet the applicable statutory filing requirements, this day	r to or 90 da
TLE V: Effective date, if other than the confective date is listed, the date must be e of filing.) If the date inserted in this block does not cument's effective date on the Department.	e specific and cannot be more than five business days prio ot meet the applicable statutory filing requirements, this day	r to or 90 da
CLEV: Effective date, if other than the confective date is fisted, the date must be e of filing.) If the date inserted in this block does not unent's effective date on the Department of the Department's effective date on the Department. REQUIRED SIGNATURE: Signature of a This document is excellent any file.	e specific and cannot be more than five business days prio ot meet the applicable statutory filing requirements, this day	er to or 90 da te will not be
CLEV: Effective date, if other than the deffective date is fisted, the date must be see of filing.) If the date inserted in this block does not unent's effective date on the Department of the Department's effective date on th	ot meet the applicable statutory filing requirements, this date of State's records. I member or an authorized representative of a member, ecuted in accordance with section 605.0203 (1) (b). Florida laise information submitted in a document to the Departmen	er to or 90 da te will not be

Matt Singam

limitedonline@dos.state.fl.us From: Sent: Sunday, December 6, 2020, 8:49 AM

To: DL-Önlinefilings'

Corporate Filing -- 700355598747 Subject:

Document Number: W20000138028

Entity Name: MKVA LLC

Tracking Number: 700355598747

Pin Number: 8747

We received your online transmitted document. However, the document has not been filed for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable

from the one presently on file. A search for name availability

can be made on the Internet through the Division's records at <www.sunbiz.org>.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "LLC,"

or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC," "Ltd.," and "Co."

The document number of the name conflict is L16000073286.

To make the necessary corrections to your filing, return to our website at www.sunbiz.org < http://www.sunbiz.org > and select the filing type you are wanting to correct under the 'Filing Services' menu and click on the 'File or Correct' button.

Then enter your tracking number and pin number in correction box on the right hand side of the screen. Both of these numbers are listed in the top portion of this email. Next, simply click on "update filing" to access the document you previously submitted to our office.

Please disregard this letter if you have contacted our office and were advised how to correct your document online.

This filing will be considered abandoned in 60 days, if no response is received.

If you have any questions concerning your filing please call 850-245-6052.

Valerie Herring Regulatory Specialist III Internet Support

Letter Number: 201206094856-700355598747