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

From:  
Account Name : Vcorp Services, LLC  
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FLORIDA LIMITED LIABILITY CO.

M.P. 2 - Holdings LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

DEC 17 2020  
T. SCOTT

850-617-6381 12/16/2020 10:10:13 AM PAGE 1/001 Fax Server



December 16, 2020

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

VCORP SERVICES, LLC

SUBJECT: ADK HOLDINGS LLC  
REF: W20000143306

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason  
Regulatory Specialist II

FAX Aud. #: H20000427149  
Letter Number: 720A00025445

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:  
The name of the Limited Liability Company is:

MPZ Holdings 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:


<u>Principal Office Address:</u>	<u>Mailing Address:</u>
<u>C/O Expansion Venture Capital LLC</u>	<u>C/O Expansion Venture Capital LLC</u>
<u>1111 Lincoln Rd, STE 500</u>	<u>1111 Lincoln Rd, STE 500</u>
<u>Miami Beach, FL 33139</u>	<u>Miami Beach, FL 33139</u>

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:

<u>Joseph Melohn</u>		
Name		
<u>1111 Lincoln Rd, STE 500</u>		
Florida street address (P.O. Box <b>NOT</b> acceptable)		
<u>Miami Beach</u>	<u>FL</u>	<u>33139</u>
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)

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**ARTICLE IV-**  
The name and address of each person authorized to manage and control the Limited Liability Company:

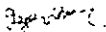
<u>Title:</u>	<u>Name and Address:</u>
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Joseph Melohn
	C/O Expansion Venture Capital LLC
	1111 Lincoln Rd, STE 500, Miami Beach, FL 33139

(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.  
  
Taylor Lolva  
\_\_\_\_\_  
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)