# L21000085580

or's Name)
e/Zip/Phone #)
WAIT MAIL
Entity Name)
nt Number)
Certificates of Status
Officer:
:





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2021 FEB 25 AM 8: 30 SECRETARY OF STATE TALLAHASSEE, FL

### CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

4 0 NI CONCLUTING	AND OUT	EACH	
M & N CONSULTING	ANDOUT	CACH	
LLC			
<del></del>		<u> </u>	
	<u> </u>		Art of Inc. File
		'	LTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
			Art, of Amend. File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			Photo Copy
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
			Officer Search
			Fictitious Search
Cimpature			Fictitious Owner Search
Signature			Vehicle Search
			Driving Record
Requested by: SETH			UCC 1 or 3 File
	D-11	Time	UCC 11 Search
Name	Date	Time	UCC 11 Retrieval
Walk-In	Will Pick Up		Courier

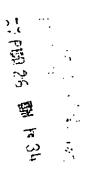


February 25, 2021

CAPITAL CONNECTION

SUBJECT: M & N CONSULTING AND OUTREACH, LLC

Ref. Number: W21000026580



We have received your document for M & N CONSULTING AND OUTREACH, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

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.

Neysa Culligan Regulatory Specialist III

Letter Number: 721A00004202

## COVER LETTER

TO:	New Filing Sect Division of Cor	ion porations	·		
SUBJE	M & N Con	sulting and Outreach,	LI.C		
		Name of	Limited Liabili	ly Company	
The enc	losed Articles of (	)rganization and fee(s)	are submitted	lor tilin <u>e</u> .	
		idence concerning this			
	Mabel Nodal				
			Name of	'erson	
	·				
			Firm'Cor	npany	
	11603 NW 89	Oth Street			
			Addre	**	
	Doral, FL 33	178			
			City/Stme and	Zip Code	
	1:	-mail address; (to be u	sed for future a	nnual report notificati	(4)
For furth	er information cor	cerning this matter, pla	:ase call:		
	Earl Bagan	ai	561	400-6080 ext 8056	
	Name	of Person	Area Code	Daytime Telephon	e Number
Enclose	ed is a check for th	unionie galvollo) sa			
	5,00 Filing Fee	-	Certifi	5.00 biling Fee & ed Copy il copy is enclosed)	©\$160.00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed
	New Pi Divisio P.O. B	g Address ling Section or of Corporations ox 0327		Street Address New Filing Section () The Centre of Tallah 2415 N. Monroe Stre Pathibaness, Pt. 1220	assee et. Suite 810

FILED

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

2021 FEB 26 AM 8: 30

SECRETARY OF STATE TALLAHASSEE, FL

M & N Consulting and Outreach, LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

#### ARTICLE II - Aildress:

The maifing address and street address of the principal office of the Limited Liability Company is:

Princ	ipal Office Address:		Mailing Address:
11603 NW 89th S	nect	1160	13 NW 89th Street
Doral, FL 33178		Dora	al, FL 33178
ARTICLE III - Registered A (The Limited Liability Compa another business emity with a	my cannot serve as its own	Registered Agent.	nt's Signature: You must designate an individual or
The name and the Florida stre	et address of the registere.	l agent are:	
	Mabel Nodal		
		Name	
	11603 NW 89th Stre	eı	
	Florida street addres	s (P.O. Box <u>NOT</u> a	eceptable)
	Doral	FI	33178
	City	State	Zip
place designated in this certific further agree to comply with th	ate, I hereby accept the apper provisions of all statutes to abligations of my position Mas	ointment as registed elating to the prope	e above stated limited liability company at the red agent and agree to act in this capacity. I r and complete performance of my duties and l as provided for in Chapter 605, F.S.

(CONTINUED)

	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Mabel Nodal
	11603 NW 89th Street
	Doral, F1, 33178
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(Use attachment (Enecessary)	Luj
LEV: Effective date, if other than the da	ate of filing:
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Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

ARTICLE IV-

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)