

L21000106891

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

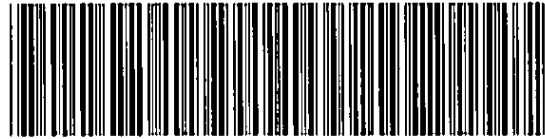
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/18/21--01002--014 **125.00

2021 MAR 15 PM 3:32

2021 MAR 15 PM 11:46

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-54372
(850) 524-6243

(OFFICE USE ONLY)

Business Name & Document Number, (if known):

I. The Marvelous Midge LLC
Name Document Number (if known)

x Walk in _____ Will wait

____ Certified Copy
____ Certificate of Status

NEW FILINGS

____ Profit
____ Not for Profit
X Limited Liability
____ Domestication
____ INC

____ OTHER - Corp

AMENDMENTS

____ Amendment
____ Resignation of R.A. Officer/Director
____ Change of Registered Agent
____ Dissolution/Withdrawal
____ Conversion
____ Merger

OTHER FILINGS

____ Annual Report
____ Fictitious Name
____ Statement of Authority
____ APOSTIL () =

COUNTRY

REGISTRATION/QUALIFICATIONS

____ Foreign Filing
____ Limited Partnership
____ Reinstatement
____ Trademark
____ Other

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

THE MARVELOUS MIDGE LLC

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

ARTICLE II - Address:

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

Principal Office Address:

777 BRICKELL AVE

STE 500-49

MIAMI, FL 33131

Mailing Address:

777 BRICKELL AVE

STE 500-49

MIAMI, FL 33131

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:

BEUTMAX PARTNERS CORP

Name

777 BRICKELL AVE STE 500-49

Florida street address (P.O. Box **NOT** acceptable)

MIAMI

City

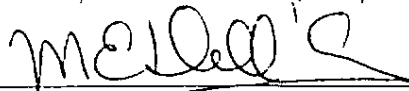
FL

State

33131

Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company, I, _____, place designated in this certificate. I hereby accept the appointment as registered agent and agree to perform the duties of a registered agent. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties. I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 615, F.S.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

2021 MAR 15 PM 11:46

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company

Title:

Name and Address:

"AMBR" Authorized Member

"MGR" Manager

MGR

MARTIN DELLOCA
777 BRICKELL AVENUE SUITE 500-40
MIAMI, FL 33131

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing _____

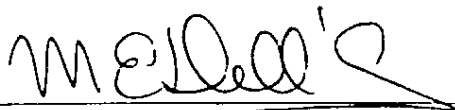
(OPTIONAL)

(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.

MARTIN DELLOCA

Typed or printed name of signer

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)