L21000126922

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Social National Nati
Certified Copies Certificates of Status
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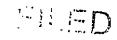
2021 MAR 26 AH 8: 56

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Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

DATE 3/26/2021	-	*	*WALK IN**
ENTITY NAME MAC BI	LLING LLC		
DOCUMENT NUMBER_			
	PLEASE FILE TI	HE ATTACHED AND RETURN	
	Plain Copy		
XXXX	Certified Copy		
	Certificate of Status		
**	Certified Copy of Arts	FOLLOWING FOR THE ABOVE ENTITY** & Amendments & Amendments Complete File (Including Annual Reports)	
	Certificate of Status R	effecting:	
	APOSTILLE' / I	NOTARIAL CERTIFICATION	
COUNTRY OF DESTINATION			
NUMBER OF CERTIFICAT	LO KLKULOILU		
TOTAL OWED § 155.00)	ACCOUNT # 120140000108 United Corporate Services, Inc.	lepparl
Please call Tina at the	e above number kor o	any issues or concerns. Thank you so muci	h) (



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY 26 M 8: 56

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The name of the Limited Liability Company is:

SECRETALLY OF STATE TALLAHASSEE, FL

				TALLAHAS
MAC Billing LL				
(Must c	ontain the words "Limited L	iability Compa	ny, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and stre	et address of the principal of	fice of the Lim	ted Liability Company is:	
<u>Prin</u>		Mailing Address:		
2717 Eagle Cany Kissimmee, Flori			717 Eagle Canyon Drive Sissimmee, Florida 34746	outh
ARTICLE III - Registered (The Limited Liability Comp another business entity with The name and the Florida str	any cannot serve as its own F an active Florida registration	Registered Agen		dividual or
		Name	 	
	2717 Eagle Canyon D	rive South		
	Florida street address	(P.O. Box <u>NO</u>	[acceptable)	
	Kissimmee, Florida 34	1746		
	City	State	Zip	
laving been named as register lace designated in this certific arther agree to comply with the m familiar with and accept the	cate, I hereby accept the apport of the provisions of all statutes relia	ointment as reg ating to the proj	istered agent and agree to o per and complete performan	act in this capacity. I ace of my duties, and I

(CONTINUED)

Registered Agent's Signature (REQUIRED)

RTICLE IV-	
te name and address of each person authorized to manage and control the Limited Liability Comp	any;

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager MGR	Crystal Bethea 2717 Eagle Canyon Drive South Kissimmee, Florida 34746
	SECRE
(Use attachment if necessary)	TATE
the date of filing.)	I cannot be more than five business days prior to or 90 days after pplicable statutory filing requirements, this date will not be listed a
ARTICLE VI: Other provisions, ifany,	
REQUIRED SIGNATURE:	real Bothoa
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.

Crystal Bethea

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)