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(Requestor's Name)
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(Address)
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(City/State/Zip/Phone #)
☐ PICK-UP ☐ WAIT ☐ MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer
Special modules and a ming since

Office Use Only



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11/01-

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 749115 7698889

STRUCK

COST LIMIT : \$ 125...00

AUTHORIZATION :

ORDER DATE: April 7, 2021

ORDER TIME : 9:40 AM

ORDER NO. : 749115-005

CUSTOMER NO: 7698889

DOMESTIC FILING

NAME: MPG YULEE, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY

XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker - EXT.

EXAMINER'S INITIALS:

COVER LETTER

	stration Section ion of Corporations	1
SUBJECT:	MPG YULEE, LLC	
JUBILET	Name of	Limited Liability Company
The enclosed A	Articles of Organization and fee(s	s) are submitted for filing.
Please return a	Il correspondence concerning thi	s matter to the following:
	Katy Fest	a
		Name of Person
	Theriac Enterprises	
		Firm/Company
_	6321 Daniels Parkw	
		Address
_	Fort Myers, FL 339	
	katy@theriacenter	City/State and Zip Code prises.com
	E-mail address: (to be u	ised for future annual report notification)
For further infor	mation concerning this matter, pl	
	Katy Festa	239 936-1904
	Name of Person	Area Code Daytime Telephone Number
Enclosed is a c	heck for the following amount:	
\$125.00 Filing	Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations	Street Address New Filing Section Division of Corporations
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building . 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	TTICLE I - Name: e name of the Limited Liability Company is:		SECRETARY OF STATE TALLAHAS SEE, FL
	MPG YULEE, LLC (Must end with the words "Limited Liabil	_ <u></u>	- MUCAPIAN SER, FL
-	TTICLE II - Address: e mailing address and street address of the principal office of	f the Limited Liability Company is:	
	Principal Office Address:	Mailing Add	ress:
	6321 Daniels Parkway, Suite 200	6321 Daniels Parkway, Suite 200	

Fort Myers, FL 33912

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:

Fort Myers, FL 33912

T	EM, LLC	
	Name	
6321 Daniels Pa	rkway, Suite 20	0
Florida street address	(P.O. Box NOT ac	ceptable)
Fort Myers	FL	33912
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 possign as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title:	Name and Address:	
"AMBR" = Authorized	Member	l L
"MGR" = Manager MGR	Junonia Capital, LLC	!
	6321 Daniels Parkway, Suite 200	
	Fort Myers, FL 33912	5 5
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(Use attachment if neces CLE V: Effective date, if of	ner than the date of filing: (OPTIONAL)	
CLE V: Effective date, if of effective date is listed, the te of filling.) If the date inserted in this iscument's effective date on	ner than the date of filing: (OPTIONAL) late must be specific and cannot be more than five business days prior to or 90 days plock does not meet the applicable statutory filing requirements, this date will not be the Department of State's records.	1
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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)

ARTICLE IV-