

9/4/2021

Division of Corporations

L21000152328

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000142588 3)))



H210001425883ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

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

From:

Account Name : ACCOUNTING PERFECT SOLUTIONS CORP
Account Number : I20140000109
Phone : (786)316-5772
Fax Number : (786)312-1878FILED
2021 APR -9 PM 12:03
TALLAHASSEE, FL
STATE

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

2021 APR -9 PM 4:10
RECEIVED
CORPORATIONS
SERIAL
DIVISIONS**FLORIDA LIMITED LIABILITY CO.****Mediish & Arconee Group LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Mediish & Arconee Group LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

EDINSO ESCALANTE CALABRIA

Name of Person

Mediish & Arconee Group LLC

Firm/Company

8977 WILES ROAD APT: 2-107

Address

CORAL SPRINGS, FL 33067

City/State and Zip Code

info@mediish.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EDINSO ESCALANTE CALABI 787 938-7284

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FILED
2021 APR -9 PM 12:03
TALLAHASSEE, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Mediash & Arconee Group 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:

Principal Office Address:8977 WILES ROAD APT: 2-107
CORAL SPRINGS, FL 33067Mailing Address:8977 WILES ROAD APT: 2-107
CORAL SPRINGS, FL 33067

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:

EDINSO ESCALANTE CALABRIA

Name

8977 WILES ROAD APT: 2-107Florida street address (P.O. Box **NOT** acceptable)CORAL SPRINGS FL 33067

City

State

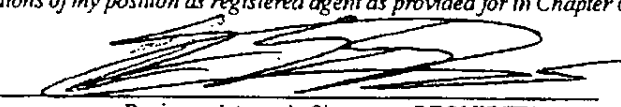
Zip

TALLAHASSEE, FL
STATE

2021 APR - 9 PM 12: 04

FILED

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)

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

MGREDINSO ESCALANTE CALABRIA
138 AVE WINSTON CHURCHILL
SAN JUAN, PUERTO RICO 00926MGRDAVID MEBARAK RODRIGUEZ
2515 AMATI DRIVE
KISSIMMEE, FL 34741MGRROBERTO CALDERON CALABRIA
2515 AMATI DRIVE
KISSIMMEE, FL 34741

(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.EDINSO ESCALANTE CALABRIA

Typed or printed name of signer

Filing Fees:

S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

S 30.00 Certified Copy (Optional)

S 5.00 Certificate of Status (Optional)

STATE
KISSIMMEE, FL

2021 APR -9 PM 12:04

FILED