# L21000/82840

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICKIUP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer

Office Use Only



400365017614

04/28/21--01001--007 \*\*125.00

201 APR 27 PH 1: 01

PECELVEL 21 APR 27 PM 3:

### ACCESS, \_\_\_\_

\*CORPORATE When you need ACCESS to the world

INC.

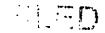
236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666, Fax (850) 222-1666

#### WALK IN

		**	ALKIN		
	PICK U	J <b>P:</b>	4/27 Glinda		
	CERTIFIED COPY				
XX	РНОТОСОРУ				
	CUS				
ХХ	FILING	LLC			
	MB Land Developm (CORPORATE NAME AND DOCUMEN	ent G	roup LLC		
	(CORPORATE NAME AND DOCUME)	NT #)			
	(CORPORATE NAME AND DOCUME)	NT #)			
-	(CORPORATE NAME AND DOCUMEN	NT #)			
-	(CORPORATE NAME AND DOCUMEN	VT #)			
-	(CORPORATE NAME AND DOCUMEN	NT #)			
					<u> </u>
	CIA	CERTIFIED COPY  RX PHOTOCOPY  CUS  RX FILING  MB Land Developm  (CORPORATE NAME AND DOCUMEN  (CORPORATE NAME AND DOCUMEN	CERTIFIED COPY  THE PHOTOCOPY  CUS  THING  LLC  MB Land Development G  (CORPORATE NAME AND DOCUMENT #)  (CORPORATE NAME AND DOCUMENT #)	CERTIFIED COPY  RX PHOTOCOPY  CUS  RX FILING LLC  MB Land Development Group LLC  (CORPORATE NAME AND DOCUMENT #)  (CORPORATE NAME AND DOCUMENT #)	CERTIFIED COPY  CUS  TILING  MB Land Development Group LLC  (CORPORATE NAME AND DOCUMENT #)  (CORPORATE NAME AND DOCUMENT #)

#### **COVER LETTER**

	New Filing Sec Division of Co							
SUBJEC	MB LAND DEVELOPMENT GROUP LLC							
		Name of L	imited Liabi	lity Company				
The encl	osed Articles of	Organization and fee(s) a	ire submitte	d for filing.				
Please re	turn all corresp	ondence concerning this r	natter to the	following:				
	LEONARD	E. ZEDECK						
			Name o	f Person				
	LAW OFFI	CES OF LEONARD E. Z	EDECK, P.	A.				
	<u> </u>		Firm/Co	ompany	•			
	8870 W. OA	KLAND PARK BLVD.,	#101					
			Add	ress				
	SUNRISE, I	FL 33351						
	ZEDECKLA	W@AOL.COM	City/State at	nd Zip Code				
	-	E-mail address: (to be use	d for future	annual report notificat	ion)			
For further	information co	ncerning this matter, pleas	se call:					
	LEONARD I		54	467-7277				
	Nam	e of Person	Area Code	Daytime Telephon	e Number			
Enclosed	is a check for the	ne following amount:						
≣\$125.0	0 Filing Fee	☐\$130.00 Filing Fee & Certificate of Status	Certifi	5.00 Filing Fce & ed Copy al copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
	New Fi Divisio P.O. B	g Address  Iling Section on of Corporations ox 6327 assee, FL 32314		Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Street Tallahassee Ft. 3230	assec et, Suite 810			



## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY 2021 APR 27 PR 1:01

ARTICLE I - Name	A	RTI	Cl	Æ	I -	Nu	me	•
------------------	---	-----	----	---	-----	----	----	---

F.Challet	17	ί, :	3	TAT	E
F-\{{\\_}; ; ; ;	45	FE	-	FI	

The name of the Limited Liability Company is:	GROWERS IN CHISTAT. TAULTHASSEEL FL
MB LAND DEVELOPMENT GROUP LLC	· · · · · · · · · · · · · · · · · · ·
(Must contain the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of	of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
8870 W. OAKLAND PARK BLVD #101	8870 W. OAKLAND PARK BLVD #101
SUNRISE, FL 33351	SUNRISE, FL 33351

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:

LEONARD E. ZE	<u>DECK</u>	
,	Name	
8870 W. OAKLAN	D PARK BLVD., #I	01
Florida street addre	ss (P.O. Box <u>NOT</u> a	cceptable)
SUNRISE	FL	33351
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 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 MGR LEONARD E. ZEDECK 8870 W. OAKLAND PARK BLVD., #101 SUNRISE, FL 33351 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: 4/26/2021 \_. (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.

LEONARD E. ZEDECK

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)