

8/2/2021

Division of Corporations

L21000350702

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : TAX CARE CELEBRATION  
Account Number : I20190000007  
Phone : (786)845-8854  
Fax Number : (321)473-3052

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

Email Address: Jessica.torres@taxcareinc.com

**FLORIDA LIMITED LIABILITY CO.  
MMC CAPITAL GROUP LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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2021-08-03 PM 12:32

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT: MMC CAPITAL 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:

JESSICA TORRES

\_\_\_\_\_  
Name of Person

TAX CARE CELEBRATION

\_\_\_\_\_  
Firm/Company

1400 NW 107TH AVE STE 203

\_\_\_\_\_  
Address

SWEETWATER FL 33172

\_\_\_\_\_  
City/State and Zip Code

JESSICA.TORRES@TAXCAREINC.COM

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

For further information concerning this matter, please call:

JESSICA TORRES

786

845-8854

at ( )

\_\_\_\_\_  
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

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

MMC CAPITAL 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:**

16209 ADMIRALS COVE LN  
WINTER GARDEN FL 34787

**Mailing Address:**

16209 ADMIRALS COVE LN  
WINTER GARDEN FL 34787

**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:

IRAYSI AMELIA SUPERLANO FRANCO

Name

16209 ADMIRALS COVE LN

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

WINTER GARDEN      FL      34787

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:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

MGRM

IRAYSI AMELIA SUPERLANO FRANCO  
16209 ADMIRALS COVE LN  
WINTER GARDEN FL 34787

MGRM

CARLO HUMBERTO OVALLES CAICEDO  
16209 ADMIRALS COVE LN  
WINTER GARDEN FL 34787

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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.

CARLO HUMBERTO OVALLES CAICEDO

\_\_\_\_\_  
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)