

9/23/21, 12:00 PM

Division of Corporations

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 : VALDES ACCOUNTING AND TAXES, INC.
Account Number : I20120000066
Phone : (305)227-2727
Fax Number : (305)397-2675

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

Email Address: pedro@valdesaccounting.com

**FLORIDA LIMITED LIABILITY CO.
MAPC LLC**

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

Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

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

SUBJECT: MAPC 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:

Gannina Zoraida Cardenas Vega

Name of Person

MAPC LLC

Name of Company

9010 SW 137th Ave. Ste 114

Address

Miami, FL 33186

City/State and Zip Code

arturopl1962@gmail.com;valdesaccounting@gmail.com

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

For further information concerning this matter, please call:

Pedro J. Valdes

305

227-2727

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MAPC 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:9010 SW 137th Ave. Ste 114
Miami FL 33186Mailing Address:9010 SW 137th Ave. Ste 114
Miami FL 33186

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:

Pedro J. ValdesName11675 SW 138th Ave.Florida street address (P.O. Box **NOT** acceptable)MiamiFL33186CityStateZip

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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 ~~his~~ 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, FS

151 Pedro Julio ValdesRegistered Agent's Signature **REQUIRED**

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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:

AMBR

Arturo Portocarrero Lopez

9010 SW 137th Ave. Ste 114

Miami FL 33186

AMBR

Giannina Zoraida Cardenas Vega

9010 SW 137th Ave. Ste 114

Miami FL 33186

(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:

151 Gannina Zoraida Cardenas Vega

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.

Gannina Zoraida Cardenas Vega

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)

S 5.00 Certificate of Status (Optional)

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