

L21000532750

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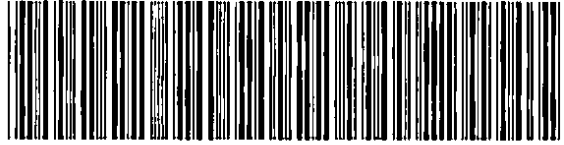
(Business Entity Name)

(Document Number)

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DATE: 12/27/21

NAME: MPZ HAINES CITY, LLC

TYPE OF FILING: ARTICLES

COST: 125.00

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AUTHORIZATION: ABBIE/PAUL HODGE

A Hodge

COVER LETTER

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

SUBJECT: MPZ Haines City, 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:

Kalyan Gullapalli

Name of Person

Firm/Company

c/o Ruberto, Israel & Weiner, P.C., 255 State Street, 7th Floor

Address

Boston, MA 02109

City/State and Zip Code

kal@mpzholdings.com

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

For further information concerning this matter, please call:

Kalyan Gullapalli

at (260)

460-7290

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 of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MPZ Haines City, 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:

Mailing Address:

641 U.S. Highway 17/92 West
Suite 101
Haines City, FL 33845

641 U.S. Highway 17/92 West
Suite 101
Haines City, FL 33845

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:

TRAC - The Registered Agent Company

Name

236 E. 6th Avenue

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

Tallahassee

FL

32303

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..

/s/ Brian Smith, Asst. Secretary of TRAC - The Registered Agent Company

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

MPZ Holdings, LLC, c/o Ruberto, Israel & Weiner

255 State Street, 7th Floor

Boston, MA 02109

(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.

None.

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.

Kalyan Gullapalli, Manager, MPZ Holdings, LLC

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)

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