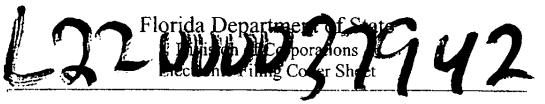
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Division of Corporations



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.

(((H22000042426 3)))



H220000424263ABCW

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 : RASCO KLOCK PEREZ & NIETO, P.L.

Account Number : 104076000124

Phone Fax Number : (305)476-7100 : (305)476-7102

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

Fmail	Address:			
CINGLL	Address:			

## FLORIDA LIMITED LIABILITY CO.

## Mister Chains LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

T. SCOTT

FEB 03 2022

## COVER LETTER

	New Filing Sec Division of Co				
SUBJEC	Mister Cha	ins LLC			
00000	***	Name of	Limited Liab	ility Company	
The encle	osed Articles of	Organization and fee(s	) are submitte	ed for filing.	
Please re	turn all corresp	ondence concerning this	matter to the	following:	
	Daniel Gonz	alez			
			Name	of Person	
			<del></del>		
			Firm/C	Company	
	37 NW 26 A	venue			
			Ad	dress	
	Miami, Flor	ida 33125			
	in En Graviat neo	haire com	City/State :	and Zip Code	
	info@misterc		sed for future	annual report notificat	ion)
or further		ncerning this matter, pl		· · · · · · · · · · · · · · · · · · ·	,
	Daniel Gonz		786	556-6511	
	Narr	e of Person	Area Code	Daytime Telephon	e Number
Enclosed	l is a check for t	he following amount:			
□\$125.0	00 Filing Fee	\$130.00 Filing Fe Certificate of Status	Certi	55.00 Filing Fee & fied Copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	· · · · · · · · · · · · · · · · · · ·	ng Address		Street Address	
		iling Section		New Filing Section D The Centre of Tallah	
		on of Corporations ox 6327		2415 N. Monroe Stre	
		assee, FL 32314		Tallahassee, FL 3230	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Mister Chains LLC	
(Must contain the words "Limited Liabil	lity 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:
37 NW 26 Avenue	37 NW 26 Avenue
Miami, Florida 33125	Miami, Florida 33125
ARTICLE III - Registered Agent, Registered Office, & Re (The Limited Liability Company cannot serve as its own Registanother business entity with an active Florida registration.)  The name and the Florida street address of the registered agent	stered Agent. You must designate an individual or
The many and the House south page 50 or the registron age.	, a

Name

37 NW 26 Avenue

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

Miami Fl 33125

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 Agont's Signature (REQUIRED)

(CONTINUED)

22 FEB - 2 PM 12: #3

Page: 6 of 6

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" - Manager	
AMBR	Daniel Gonzalez Jr.
	37 NW 26 Avenue Miami, Floridae 33125
	Tribution of the
(Use attachment if necessary)	
(Use attachment if necessary)	
EV: Effective date, if other than	the date of filing: (OPTIONAL)
EV: Effective date, if other than ective date is listed, the date must	the date of filing: (OPTIONAL) st be specific and cannot be more than five business days prior to or 90 d
EV: Effective date, if other than ective date is listed, the date must of filling.)	st be specific and cannot be more than five business days prior to or 90 d
EV: Effective date, if other than ective date is listed, the date must of filling.)	st be specific and cannot be more than five business days prior to or 90 d es not meet the applicable statutory filing requirements, this date will not be
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EV: Effective date, if other than ective date is fisted, the date must of filing.) (the date inserted in this block do ment's effective date on the Department's Other provisions, if any.  REQUIRED SIGNATURE:	es not meet the applicable statutory filing requirements, this date will not burtinent of State's records.
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EV: Effective date, if other than ective date is fisted, the date must of filing.)  The date inserted in this block do ment's effective date on the Department's effective date on the Department is a signature.  Signature This document is I am aware that a	es not meet the applicable statutory filing requirements, this date will not burtinent of State's records.

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)