Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : VCORP SERVICES, LLC

Account Number : 120080000067 Phone : (845)425-0077 Fax Number : (845)818-3588

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

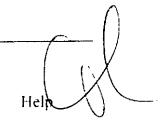
Email Address:

## FLORIDA LIMITED LIABILITY CO. MPI FO MM LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu



## ARTICLESCEORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

MPLFO MM LLC

(Must end with 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:

Princi	pal	Office	Address:

Mailing Address:

2002 Coffee Pot Boulevard2002 Coffee Pot BoulevardSt. Peterburg, FL 33704St. Peterburg, FL 33704

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:

Veorp Services, LLC

Naire

1200 South Pine Island Road

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

Plantation FL 33324

Cly 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..

Mimi Sanik

Registered Agent's Signature (PEQUATE)

(CONTINUED)

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WITH SUBSTITUTE OF STATE OF ST

Title: "AMBR" = Authorized Member "MGR" = Manager AMBR	Peter Habib 2002 Coffee Pot Boulevard
*	
<u>AMBR</u>	
	St. Peterburg, FL 33704
	on reterours, 12 33707
-	
effective date is listed, the date must be spec te of filing.)	filing:
CLEVI: Other provisions, if any.	
REQUIRED SIGNATURE:	A 1
required signature: Rae	esas brokin
Signature of a men This document is execute I am aware that any false i	nber or an authorized representative of a member. d in accordance with section 605.0203 (1) (b). Florida Stanites. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)