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(Re	equestor's Name)	
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(Do	ocument Number)	
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DIVISION OF CORPORATION TALLAHASSEE, FLORIDA

2022 HAY -3 PM 4: 4

RECEIVED

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195
REFERENCE: 655455 7422869
AUTHORIZATION :
COST LIMIT: \$725.00 cma.
ORDER DATE : May 3, 2022
•
ORDER TIME: 1:48 PM
ORDER NO. : 655455-005
CUSTOMER NO: 7422869
DOMESTIC FILING
NAME: FRANCO MT LLC
EFFECTIVE DATE:
ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY
XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Alexxis Weiland - EXT.
EXAMINER'S INITIALS:

COVER LETTER

	lew Filing Secti Division of Corp				
SUBTRCT	Franco MT I				
SUBJECT	· ·	Name	of Limited Liab	ility Company	
The enclos	sed Articles of C	rganization and fe	e(s) are submitte	ed for filing.	
Please retu	ım all correspon	dence concerning	this matter to the	e following:	
	Kenneth Harri	s			
			Name o	of Person	
	First American	Exchange Comp	any, LLC		
			Firm/C	Company	
	18500 Von Ka	ırman Avenue, Sui	te 600		
			Ado	iress	
	Irvine, CA 926	512			
	francomt70@ac	d som	City/State a	and Zip Code	
-			e used for future	annual report notificat	tion)
For further i	nformation cond	erning this matter,	please call:	·	·
	Kenneth Harris		818 at (:	307-0085	
	Name	of Person		Daytime Telephor	
Enclosed is	s a check for the	following amount	:		
		_	Fee & □\$1 us Certi	55.00 Filing Fee & fied Copy nal copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
·	Division P.O. Box	ng Section of Corporations		Street Address New Filing Section D The Centre of Tallah 2415 N. Monroe Stre Tallahassee, FL 3230	assee et, Suite 810

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTIC	LE I -	Name:
-------	--------	-------

The name of the Limited Liability Company is:

4 4:49

The fame of the Emilied Liabili	ty Company is.			2022 HAY -3 PM
Franco MT LLC				SEC
(Must con	tain the words "Limited	Liability Compan	y, "L.L.C.," or "LLC.")	TALLAHASSEI
ARTICLE II - Address: The mailing address and street a	ddress of the principal o	office of the Limit		•••
Princip	al Office Address:		Mailing Add	lress:
8081 38th Ave N		80	81 38th Ave N	
St. Petersburg FL 33	710	St	Petersburg FL 33710	
The name and the Florida street	address of the registered	d agent are: Name		
	8081 38th Ave N		· • • • • • • • • • • • • • • • • • • •	
	Florida street addres	ss (P.O. Box <u>NOT</u>	acceptable)	
	St. Petersburg	FL	33710	
	City	State	Zip	
Having been named as registered (place designated in this certificate,	agent and to accept serv. I hereby accept the ann	ice of process for t	he above stated limited liab ered agent and agree to act	pility company at the

(CONTINUED)

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager MGR Frank Castello 8081 38th Ave NSt. Petersburg FL 33710 (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.

REOUIRED 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.

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)