

L22000204678

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

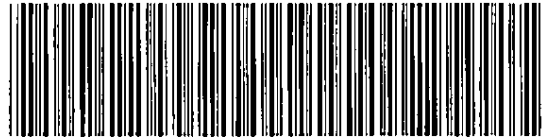
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200387924442

FILED

2022 MAY 16 PM 1:13

SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED

2022 MAY 16 PM 1:57

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 05/16/22

NAME: 5008 MAJOR WAY LLC

TYPE OF FILING: ARTICLES

COST: 125.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

A Hodge

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: 5008 MAJOR WAY 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:

HUGO AMAYA

Name of Person

5008 MAJOR WAY LLC

Firm/Company

2800 ISLAND BLVD #902

Address

AVENTURA, FL. 33160

City/State and Zip Code

HUGO @ HLA CAPITAL.COM

MANNY @ HLA CAPITAL.COM

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

For further information concerning this matter, please call:

MANNY AMAYA

at (305)

494-3721

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

FILED

2022 MAY 16 PM 1:13

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

5008 MAJOR WAY 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:

2800 ISLAND BLVD #902
AVENTURA, FL 33160

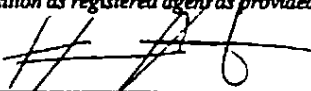
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(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:

~~5008 MA~~ HUGO AMAYA
Name
2800 ISLAND BLVD #902
Florida street address (P.O. Box **NOT** acceptable)
AVENTURA FL 33160
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 Agent's Signature (REQUIRED)

(CONTINUED)

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:

SECRETARY OF STATE
TALLAHASSEE, FL

2022 MAY 16 PM 1:13

FILED

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: MAY 24, 2022 (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.)

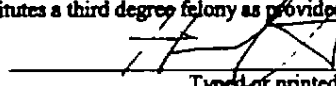
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

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)

L22000196439

Florida Department of State
Division of Corporations
Annual Filing Cover Sheet

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.

(((H22000170724 3)))



H220001707243ABCZ

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 : JOHNSON, POPE, BOKOR, FUPPEL & BURNS,
Account Number : 075666002140
Phone : (727)461-1818
Fax Number : (727)441-8617

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

Email Address: LINDAB@JPFIRM.COM

CABLE AND/OR VIDEO
FRANCHISING
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2022 MAY 12 AM 5:39

FILED

**FLORIDA LIMITED LIABILITY CO.
MZ BEBUILDS, LLC**

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

RECEIVED
2022 MAY 12 PM 2:38
CORPORATIONS
COMMERCIAL
SERVICES

**ARTICLES OF ORGANIZATION
OF
MZ REBUILDS, LLC**

The undersigned, acting as the Authorized Representative of a limited liability company to be formed under the Florida Revised Limited Liability Company Act, as amended (the "Act"), hereby forms a Florida limited liability company (this "Company") pursuant to the Act and hereby sets forth the following Articles of Organization (these "Articles"):

ARTICLE I

Name

The name of this Company shall be: MZ REBUILDS, LLC.

ARTICLE II

Place of Business

The principal place of business of this Company shall be 1000 Cleveland Street, Clearwater, FL 33755; and its mailing address will be 2060 Huntington Drive Suite #1, San Marino, CA 91108 or such other place or places as may be designated by the manager from time to time.

ARTICLE III

Registered Agent and Office

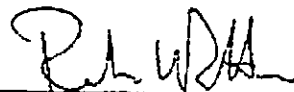
The initial registered agent for this Company shall be Robert V. Potter and the address of the registered agent for service of process shall be 911 Chestnut Street, Clearwater, Florida 33756.

ARTICLE IV

Management of Business

The Company shall be manager-managed.

The undersigned has executed these Articles of Organization this 12 day of May 2022.



ROBERT V. POTTER,
Authorized Representative

CABLE AND/OR VIDEO
FRANCHISING
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

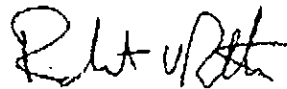
2022 MAY 12 AM 5:39

FILED

**CERTIFICATE OF DESIGNATION
AND ACCEPTANCE OF REGISTERED AGENT**

The undersigned, having been named Registered Agent and designated to accept service of process for the above-stated Company, at 911 Chestnut Street, Clearwater, Florida 33756, hereby agrees to act in this capacity, and further agrees to comply with the provisions of all statutes relative to the proper and complete performance of the duties hereunder.

Dated this 12 day of May 2022.



Robert V. Potter

7948508

FILED

2022 MAY 12 AM 5:39

**CABLE AND/OR VIDEO
FRANCHISING
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA**