## 12000233144

(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



500383500755

RECEIVED

TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-624 PLEASE USE FUNDS FROM THIS ACCOUNT; 120210000160 AMOUNT: \$125.00 AUTHORIZATION SIGNATURE: Mega Hunt Deals LLC Document # BUSINESS (Name) Walk in Pick up time\_\_\_\_ \_\_\_\_ Will wait \_\_\_ Mail out Photocopy Certified Copy of Articles \_\_\_ Certificate of Status **NEW FILINGS AMMENDMENTS** Profit Amendment Resignation of R.A. Officer/Director Not for Profit X Limited Liability Change of Registered Agent Dissolution/Withdrawal Domestication \_\_Other Merger Conversion CORP **REGISTERATION/QUALIFICATIONS** OTHER FILINGS Foreign filing Annual Report Limited Partnership Reinstatement Fictitious Name 1\_\_ APOSTIL ( 1) \_\_\_\_\_ Other Country

FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DRIVE

EXAMINER'S INITIALS:

## **COVER LETTER**

Division of Corporations	
MEGA HUNT DEALS LLC	
SUBJECT: Name	of Limited Liability Company
The enclosed Articles of Organization and fe	ec(s) are submitted for filing.
Please return all correspondence concerning	this matter to the following:
IHAP YAMIN	
	Name of Person
	Firm/Company
3709 NW 17TH AVE	
	Address
Okeechobee, FL 34972	
megahuntdeals@gmail.com	City/State and Zip Code
	be used for future annual report notification)
For further information concerning this matter	r, please call:
IHAP YAMIN	954 330-0080 at ()
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amour	nt:
■\$125.00 Filing Fee □\$130.00 Filing Certificate of Sta	
Mailing Address	Street Address
New Filing Section Division of Corporations	New Filing Section Division The Centre of Tallahassee
P.O. Box 6327	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	Company is:			FILED
THE IMME OF THE THIRD THE	•			2022 MAY 27 PM 4: 18
MEGA HUNT DEALS	LLC			
(Must contain	n the words "Limited L	iability Company, "L.I	L.C.," or "LLC.")	SECHE FARY OF STATE TALL AHASSEE, FL
ARTICLE II - Address: The mailing address and street add	ress of the principal of	fice of the Limited Lia	bility Company is:	
<u>Principal</u>	Office Address:		Mailing Add	ress:
3709 NW 17TH AVE			W 17TH AVE	
Okeechobee, FL 34972	2	Okeech	obee, FL 34972	
	IHAP YAMIN  3709 NW 17TH AV	Name		
		s (P.O. Box NOT acce	ptable)	
	Okeechobee,	FLORIDA	34972	
	City	State	Zip	
Having been named as registered a place designated in this certificate, i further agree to comply with the pro am familiar with and accept the obl	l hereby accept the app ovisions of all statutes re igations of my position	oiniment as registered t elating to the proper an	d complete performa. provided for in Chapt	nce of my duties, and I

"MGR" = Manager		
IHAP YAMIN-AMBR	3709 NW 17TH AVE Okerchobee, FL 34972	<u> </u>
	OKCOLING TO THE PARTY OF THE PA	<u> </u>
	12	
	SECTAL TANK	
	HAR	ا ن آ ــــ
	The The	<del></del>
	T	<b>©</b>
77 1		
Tective date is listed, the date must I	e date of filing: 05/27/2022 (OPTIONAL) be specific and cannot be more than five business days prior to c	or 90 day
LE V: Effective date, if other than the Tective date is listed, the date must leaf filling.) If the date inserted in this block does ument's effective date on the Departs	not meet the applicable statutory filing requirements, this date wi	or 90 day
LE V: Effective date, if other than the Tective date is listed, the date must leaf filling.) If the date inserted in this block does ument's effective date on the Departs	not meet the applicable statutory filing requirements, this date wi	or 90 day
LE V: Effective date, if other than the Tective date is listed, the date must leaf filling.) If the date inserted in this block does ument's effective date on the Departs	not meet the applicable statutory filing requirements, this date wi	or 90 day
LE V: Effective date, if other than the Tective date is listed, the date must leaf of filling.) If the date inserted in this block does ument's effective date on the Department of the Departme	not meet the applicable statutory filing requirements, this date wi ment of State's records.	Il not be
LE V: Effective date, if other than the fective date is listed, the date must lead of filing.) If the date inserted in this block does ument's effective date on the Department's effective date on the Department's Other provisions, if any.  REQUIRED SIGNATURE:  Signature of This document is each of the date of the document is each of the date.	not meet the applicable statutory filing requirements, this date wi ment of State's records.  I a member or an authorized representative of a member.  Executed in accordance with section 605.0203 (1) (b), Florida State of the information submitted in a document to the Department of the content of the cont	Il not be
LE V: Effective date, if other than the fective date is listed, the date must leaf filing.) If the date inserted in this block does ument's effective date on the Departs LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of This document is each at the second content of the second content is each at the second content in the second content is each at the second content in the second content is each at the second content in the second content is each at the second content in the second content is each at the second content in the second conten	not meet the applicable statutory filing requirements, this date wiment of State's records.  Is member or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b), Florida State y false information submitted in a document to the Department of degree felony as provided for in s.817.155, F.S.	Il not be

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

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

ARTICLE IV-