

**L22000272061**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

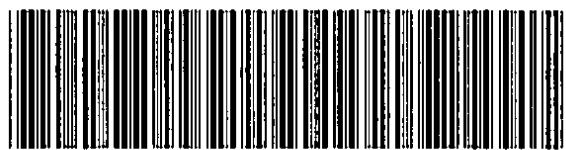
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**

**D. O'KEEFE**

**JUN 16 2022**

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: MALGAL SOLUTIONS 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:

Mallary Iannella

Name of Person

MALGAL SOLUTIONS LLC.

Firm/Company

900 Atlantic Shores Blvd #234

Address

Hallendale Beach, FL 33009

City/State and Zip Code

Mallaryiannella@yahoo.com

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

For further information concerning this matter, please call:

Mallary Iannella at (908) 618-7460

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

MALGAL SOLUTIONS 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:

900 Atlantic Shores Blvd  
# 234  
Hallandale Beach, FL 33009

Mailing Address:

900 Atlantic Shores Blvd  
# 234  
Hallandale Beach, FL 33009

**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:

Mallary Tannella

Name

900 Atlantic Shores Blvd #234

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

Hallandale Beach, FL 33009

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..

Mallary Tannella  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

SUPERINTENDENT OF STATE  
FALLAHASSE, FLORIDA:

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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

PRES.

**Name and Address:**

Mallory Iannella

900 Atlantic Shores Blvd #234

Hallandale Beach, FL 33009

AMBR

James Iannella

900 Atlantic Shores Blvd #234

Hallandale Beach, FL 33009

(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.

**REQUIRED SIGNATURE:**

Mallory Iannella

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.

Mallory Iannella

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)**

2022 MAY 23 AM 9:52  
ALLAHASSEEM, M.  
FILED