L22003978 44

(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

400394101764

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
22 SEP 14 PM 3:05

2022 SEP -8 PM 3:02

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Mo and Hella 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:

Arleen Davila
Name of Person

ADV ACCOUNTING & TAX SERVICES LLC
Firm/Company

12701 S John Young Pkwy Ste 215
Address

Orlando FL 32837
City, State and Zip Code

arleendavila@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Arleen Davila at 407 641 0810
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

FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 9, 2022

CAPITAL CONNECTION, INC.

,

SUBJECT: M AND H LLC
Ref. Number: W22000114070

We have received your document for and your check(s) totaling $125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L01000009782.

If you have any further questions concerning your document, please call (850) 245-6052.

Summer Chatham
Regulatory Specialist II
New Filing Section

Letter Number: 622A00020045

2022 SEP 14 PM 2:38

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Mo and Hella LLC

_____ Art of Inc. File_____
_____ LTD Partnership File_____
_____ Foreign Corp. File_____
_____ L.C. File_____
_____ Fictitious Name File_____
_____ Trade/Service Mark_____
_____ Merger File_____
_____ Art. of Amend. File_____
_____ RA Resignation_____
_____ Dissolution / Withdrawal_____
_____ Annual Report / Reinstatement_____
_____ Cert. Copy_____
_____ Photo Copy_____
_____ Certificate of Good Standing_____
_____ Certificate of Status_____
_____ Certificate of Fictitious Name_____
_____ Corp Record Search_____
_____ Officer Search_____
_____ Fictitious Search_____
_____ Fictitious Owner Search_____
_____ Vehicle Search_____
_____ Driving Record_____
_____ UCC 1 or 3 File_____
_____ UCC 11 Search_____
_____ UCC 11 Retrieval_____
_____ Courier_____

Signature

Requested by: SETH

Name

09/13/22
Date

Time

Walk-In _____ Will Pick Up _____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

Mo and Hella 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:
5261 West Irlo Bronson Memorial Highway	5261 West Irlo Bronson Memorial Highway
Kissimmee FL 34746	Kissimmee FL 34746

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
22 SEP 14 PM 3:05

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:

ADV ACCOUNTING & TAX SERVICES LLC
Name

2200 S John Young Pkwy Ste 215
Florida street address (P.O. Box **NOT** acceptable):

Orlando FL 32837
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 (MUST BE FILED)

(CONTINUED)

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

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
MBR	[illegible] [illegible] Egg Harbor Dr Kissimmee FL [illegible]
MBR	Hela [illegible] [illegible] Egg Harbor Dr Kissimmee FL [illegible]

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
22 SEP 14 PM 3:05

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: [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.

Abdelmunaam Labidi
Typed or printed name of signee