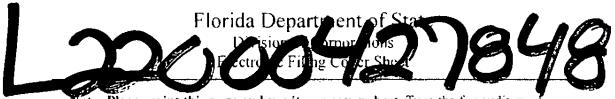
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Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

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

Email Address:_

FLORIDA LIMITED LIABILITY CO. MV Brokerage of Florida LLC

	Certificate of Status	0
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	Page Count	03
	Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

DIOKEEFE

OCT -5 2022

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

MV Brokerage of Florida LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LI.C.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

219 N. Dixie Blvd.	219 N. Dixie Blvd.
Defray Beach, Florida 33444	Delray Beach, Florida 33444
	

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:

C T Corporation System						
	Nimo					
1200 South Pine Isla	nd Road					
Florida street addres	s (P.O. Box <u>NOT</u> ac	cceptable)				
Plantation	FL	33324				
Cly	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. Thereby accept the appointment as registered agent and agree to act in Fis 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 Capter 605. IS

Jam Droderick
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(CONTINUED)

2022 OCT -4 AM 10: 27

From: Lexus Wingo

To:

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	ARTIÇLE IV-	·	•	
	The name and address of each person auth	orized to ma	hage and control the Limited Liability Co	mpany:
•				y y-:
	Title: .	Nan	e and Address:	
	"AMBR" = Authorized Member			
	"MGR" = Manager			
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