

10/06/2022 02:57
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(FAX)

P.001/004

Division of Corporations

L22000431875
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LICENSES & PERMITS LLC
Account Number : 120210000155
Phone : (305)226-8727
Fax Number : (305)226-8767

****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.

MD Multiservice Group LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

TO: New Filing Section
Division of CorporationsSUBJECT: MD Multiservice Group 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:

Lucia Estrella

Name of Person

Licenses & Permits LLC

Firm/Company

8300 West Flagler Street Suite 114

Address

Miami, Florida 33144

City/State and Zip Code

acruz.accurate@gmail.com

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

For further information concerning this matter, please call:

Lucia Estrella at (305) 226 8727

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 AddressNew Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314Street AddressNew Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MD Multiservice Group 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:

3010 NW 36th Lot A121
Miami, FL 33142

Mailing Address:

3010 NW 36th
Miami, FL 33142 LOT A121ARTICLE 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:

Marlene Antonia Quek Hernandez

Name

3010 NW 36th Lot A121

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

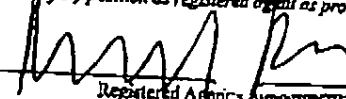
Miami, FL 33142

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 Agents Signature (REQUIRED)

(CONTINUED)

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FLORIDA

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ARTICLE IV.

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

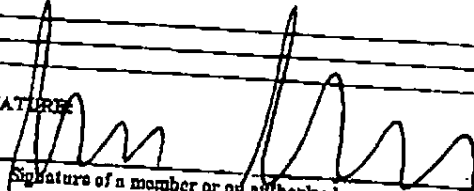
Title:**"AMBR" = Authorized Member****"MGR" = Manager**AMBR**Name and Address:**

Melene Antonia Duarte Hernandez
3010 NW 36th St Apt A121
Miami FL 33142

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 10-4-2022 (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.817.03, F.S.

Melene Antonia Duarte Hernandez
 Typed or printed name of signer

Filing Fee:
 \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
 \$ 30.00 Certified Copy (Optional)
 \$ 5.00 Certificate of Status (Optional)

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 DEPT. OF STATE
 MIAMI, FL 33101

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