

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

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Account Name : EXPRESS CORPORATE FILING SERVICE INC.

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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. 2015MB, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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Corporate Filing Menu

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DocuSign Envelope ID: C0242B44-87C3-4331-B0EF-134C358334B4

ARTICLES OF	ORGANIZATION FOR FLO	RIDA LIMITTED LLA	BILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability	y Company is:		
2015MB, LLC (Must conta	in the words "Limited Liab	ility Company, "L.I	LC." or "LLC.")
ARTICLE II - Address: The mailing address and street ad			•
Principa	l Office Address:		Mailing Address:
142 W PLATT ST # 100 TAMPA, FL 33606		SAME	
ARTICLE III - Registered Age: (The Limited Liability Company another business entity with an as	cannot serve as its own Reg		
The name and the Florida street a	ddress of the registered age	nt are:	
	WILLIAM COLLINS		
	Na	me	
	627 DE SOTO DRIVE		
	Florida street address (P.	O. Box <u>NOT</u> accep	Huble)
	SAINT PETERSBURG	FL	33715

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..

City

State

Zip

Registered Agent's Signature (REQUIRED)

(CONTINUED)

22 OCT 13 PH 12: 35

To:

DocuSign Envelope ID: C0242844-87C3-4331-B0EF-134C358334B4

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
MGR	DONALD PHILLIPS 142 W PLATT ST TAMPA, FL 33606	
-		
(I Top attrachment if an array N		
(Use attachment if necessary)	adata of filing:	
CLE V: Effective date, if other than the effective date is listed, the date must te of filing.)	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 90 c	•
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CLE V: Effective date, if other than the effective date is listed, the date must te of filing.) If the date inserted in this block does current's effective date on the Departs CLE VI: Other provisions, if any. REOURED SIGNATURE: Signature of This document is e I am aware that any	not meet the applicable statutory filing requirements, this date will not be ment of State's records. a member or an authorized representative of a member. Executed in accordance with section 605.0203 (1) (b), Florida Statutes, a false information submitted in a document to the Department of State; begree felony as provided for in s.817.155, F.S.	•