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Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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## FLORIDA LIMITED LIABILITY CO. MFranco, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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Help



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	MFranco, LI	LC.	
(Must c	ontain the words "Limited	Liability Company, "	L.L.C.," or "LLC.")
RTICLE II - Address:			
e mailing address and stree	et address of the principal	office of the Limited I	Liability Company is:
<u>Prio</u>	cipal Office Address:		Mailing Address:
1410 SW 12 Ave			
Miami, FL 33129			
the Limited Liability Composition business entity with a	any cannot serve as its own an active Florida registrati	n Registered Agent. Y on.)	's Signature: ou must designate an individual o
ne Limited Liability Compo other business entity with a	any cannot serve as its own an active Florida registrati	n Registered Agent. Y on.)	
ne Limited Liability Compo other business entity with a	any cannot serve as its own an active Florida registrative and address of the registere	n Registered Agent. Y on.)	
he Limited Liability Compo other business entity with a	any cannot serve as its own an active Florida registrative and address of the registere	n Registered Agent. Y on.) d agent are:	
he Limited Liability Compo other business entity with a	any cannot serve as its own an active Florida registrative address of the registere  Maria Franco  1410 SW 12 Ave	n Registered Agent. Y on.) d agent are:	ou must designate an individual o
RTICLE III - Registered And Limited Liability Composition business entity with a see name and the Florida street	any cannot serve as its own an active Florida registrative address of the registere  Maria Franco  1410 SW 12 Ave	n Registered Agent. You.) d agent are: Name	ou must designate an individual o

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..

S. Mylane

Registered Agent's Signature (REQUIRED)

(CONTINUED)

"AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	Maria Franco
	1410 SW 12 Ave Mizmi, FL 33129
	Prison 1 Costsy
	-
	<del></del>
(Use attachment if necessary)  EV: Effective date, if other than the da	te of filing: (OPTIONAL)
EV: Effective date, if other than the da fective date is listed, the date must be s of filing.) If the date inscreed in this block does not	te of filing:  (OPTIONAL)  specific and cannot be more than five business days prior to or 90  meet the applicable statutory filing requirements, this date will no
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