Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000421657 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 Phone : (305)444-4994 Fax Number : (305)328-4774

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. MOCKA SHOP LLC

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

Electronic Filing Menu Corporate Filing Menu

Help

850-617-6381

12/16/2022 2:17:37 PM PAGE 1/001 Fax Server



December 16, 2022

FLORIDA DEPARTMENT OF STATE

EXPRESS CORPORATE FILING SERVICE INC.

SUBJECT: MOCKA SHOP LLC

REF: W22000155263

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.

http://dos.myflorida.com/sunbiz/search/guides/corporation-records/title-abb
reviations/

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Genesis R Kersey
OPS Clerk

FAX Aud. #: H22000421657 Letter Number: 822A00028122

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Page: 4 of 5

MOCKA SHOP ELC

(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 Addres	Ç																	,	,	į			•			•		•				2	E	į	1	į			•	•	i	ı	ı			Ì	į			į	4		i	l	j		ĺ	(١	١														1	Ì				Ĺ	į	4	١	į	į	į				l				Ì	ı		þ		J	•				ĺ	ĺ	١				l				ı	į											١				ı	Ì				į	Ì	i	i					Ĺ
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Mailing Address:

 10235 SW 35 TER
 10235 SW 35 TER

 MIAMI, FL 33165
 MIAMI, FL 33165

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 Fiorida registration.)

The name and the Florida street address of the registered agent are:

PEDRO HERNANDEZ

Name

10235 SW 35 TER

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

MIAMI FL 33165
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. Thereby 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 (2) provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

22 DEC 15 PM I2: 35

	Authorized Member	Name and Address:	
"MGR" = Ma			
AMB	SR	PEDRO HERNANDEZ 10235 SW 35 TER	
		MIAMI, FL 33165	
			
			
(Use zitachme	ent if necessary)		
ARTICLE V: Effective	e date, if other than the date o	of filing: <u>01/01/2023</u> . (OPTIONAL)	
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Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional) S 5.00 Certificate of Status (Optional)