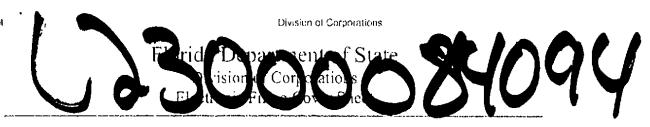
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To:

Page: 2 of 4

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 : (305)444-4994 Phone 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. **

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FLORIDA LIMITED LIABILITY CO. MVM ADMINISTRATION LLC

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

Electronic Filing Menu Corporate Filing Menu

Help

To

From: Yanet Av

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
MVM ADMINISTRATION LLC	
(Must contain the words "Limited Liabi	lity 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:	Mailing Address:
2851 NE 183RD ST APT 1103	SAME
AVENTURA, FL 33160	g. wii.
ARTICLE III - Registered Agent, Registered Office, & R (The Limited Liability Company cannot serve as its own Reg another business entity with an active Florida registration.)	istered Agent. You must designate an individual or
The name and the Florida street address of the registered age	at are:
MADIA TELEVISION	NACEL ()

MARGO DOIX LINE	IUIKO MELO	
	Name	
2851 NE 183RD ST	APT 1103	
Florida street addres	ss (P.O. Box <u>SOT</u> ac	cceptable)
AVENTURA	FL.	33160
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 diaties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

/s/ Mario Luia Pinhaino Wialo
Registered Agent's Signature (REQUIRED)

(CONTINUED)

To:

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	MARIO LUIZ PINHEIRO MELO 2831 NE 183RD ST APT 1103 AVENTURA, FL 33160
MGR	EVANGELINA MARIA GANTUSS MELO 2851 NE 183RD ST APT 1103 AVENTURA, FL 33160
<u> </u>	
(Lice attachment if necessary)	
effective date is listed, the date must be te of filing.)	date of filing:
CLE V: Effective date, if other than the effective date is listed, the date must be te of filling.) If the date inserted in this block does recument's effective date on the Departm	date of filing:
CLE V: Effective date, if other than the effective date is listed, the date must be te of filing.) If the date inserted in this block does recument's effective date on the Departm CLE VI: Other provisions, if any. REQUIRED SIGNATURE:	date of filing:
CLE V: Effective date, if other than the effective date is listed, the date must be to of filing.) If the date inserted in this block does recument's effective date on the Departm CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a This document is explain aware that any	date of filing:

Filing Fees:

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

\$ 5.00 Certificate of Status (Optional)