

Division of Corporations Electronic Filing Cover Sheet

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(((H23000154357 3)))



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Division of Corporations

Fax Number : (850)617-6381

From:

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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: MHIAABBY@GMAIL.COM

FLORIDA LIMITED LIABILITY CO.

Mhika LLC

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FLORIDA DEPARTMENT OF STATE Division of Corporations

April 26, 2023

HUBCO

SUBJECT: MHIKA LLC REF: W23000060646

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 registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

To make the necessary corrections and resubmit your filing, return to our website and access electronic filing, then online filing. Choose to update your request by using the confirmation number and the pin number listed above. For any questions concerning the website, please call 850-245-6939. Please disregard this letter, if you have contacted our office and were advised how to correct your document online.

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

Crystal S Hightower Regulatory Specialist II CoT

FAX Aud. #: H23000154357 Letter Number: 123A00009360 . . .

H23000154357

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	Mhika LLC
(Must end with the	he words "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address	s of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4908 NW 34th Street	4908 NW 34th Street
Gainesville, FL 32605	Gainesville, FL 32605
he name and the Florida street addres Mhia Abby	ss of the registered agent are: Cruz Bunoy Name
	Nome
007.014.40	, - <u></u>
307 SW 16	6th Avenue
Florida street	6th Avenue address (P.O. Box NOT acceptable)
	6th Avenue address (P.O. Box NOT acceptable)
Florida street Gainesville Having been named as registered agenthe place designated in this certificate capacity. I further agree to comply we	Sth Avenue address (P.O. Box NOT acceptable) FL 32601 City 7ip Int and to accept service of process for the above stated limited liability competate, I hereby accept the appointment as registered agent and agree to act in twith the provisions of all statutes relating to the proper and complete perform and accept the obligations of my position as registered agent as provided for Chapter 605, F.S
Florida street Gainesville Having been named as registered agen the place designated in this certifica capacity. I further agree to comply w of my duties, and I am familiar with	Sth Avenue address (P.O. Box NOT acceptable) E FL 32601 City 7ip Int and to accept service of process for the above stated limited liability competate, I hereby accept the appointment as registered agent and agree to act in twith the provisions of all statutes relating to the proper and complete perform and accept the obligations of my position as registered agent as provided for Chapter 605, F.S Mhia Abby Crue Buuoy
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Title: "AMBR" = A	uthorized Member	Name and Address:
"MGR" = Manager MGR	Mhia Abby Cruz Bunoy	
	307 SW 16th Avenue Gainesville, FL 32601	
 		
l lea attach—a	mt if = a.a.a.a.	
•	ent if necessary)	
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