Division of Corporations

L23000223 461

Florida Department of State
Division of Corporations
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*** RESUBMIT ***

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: CEUMORGADE@GMAIL.COM

FLORIDA LIMITED LIABILITY CO.
~~MAiS, LLC~~

BAK2B, LLC

Certificate of Status	1
Certified Copy	0
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May 4, 2023

HUBCO

,

SUBJECT: MAIS, LLC
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Christian L Tiffani   FAX Aud. #: H23000166404
Regulatory Specialist II   Letter Number: 123A00010049
New Filing Section

FLORIDA DEPARTMENT OF STATE
Division of Corporations

H23000166404

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

BAK2B LLC

(Must end with 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 Address: **Mailing Address:**

5929 Berwick Lane   5929 Berwick Lane
Ave Maria, FL 34142   Ave Maria, FL 34142

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 Florida registration.)

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

Marie Salvador
                    Name

5929 Berwick Lane
Florida street address (P.O. Box **NOT** acceptable)

Ave Maria   FL   34142
        City   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 duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Marie Salvador

Registered Agent's Signature (REQUIRED)
Marie Salvador

(CONTINUED)

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ARTICLE IV-
The name and address of each person authorized to manage and control the Limited Liability Company:

Title:	**Name and Address:**
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	Marie Salvador
	5929 Berwick Lane
	Ave Maria, FL 34142

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ . (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

_____

REQUIRED SIGNATURE:

Marie Salvador

_____
Signature of a member or an authorized representative of a member.
(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Marie Salvador
_____
Typed or printed name of signee

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