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(((H230001685673)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : DOSSANTOS AND MACHADO, LLC

Account Number : I2014000089 Phone : (754)301-2128 Fax Number : (954)252-4650

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

Email Address: NFOR GESTAX ACCT. COM

FLORIDA LIMITED LIABILITY CO. M2RB FL LLC

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COVER LETTER

TO:	New Filing Se Division of Co				
SUBJI	M2RB FL	LLC			
30031		Name of Lin	nited Liab	ility Company	
The en	ciosed Articles o	Organization and fee(s) an	e submitte	d for filing.	
Please	return all corresp	ondence concerning this ma	uter to the	following:	•
	JULIANA N	MACHADO			
			Name o	f Person	
	GFS TAX 8	ACCOUNTING SERVIC	ES		
			Firm/C	ompany	
	11 764 W S A	AMPLE RD STE 102			
			Add	ress	· · · · · · · · · · · · · · · · · · ·
	CORAL SP	RINGS FL 33065			
			ity/State a	nd Zip Code	
		TAXACCT.COM	r c.		
	l	E-mail address: (to be used	tor tuture	annual report nonticati	ion)
For furth	er information co	ncerning this matter, please	call:		
	JULIANA M	IACHADO 75		301-2128	
	Nam	ie of Person Ai	ea Code	Daytime Telephon	e Number
Enclose	ed is a check for t	he following amount:			
□\$12 5	5.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certif	55.00 Filing Fee & fied Copy nal copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		sg Address iling Section		Street Address New Filing Section Di	ivision
	Divisio	on of Corporations		The Centre of Tallaha	ssee
		ox 6327 assee, FL 32314		2415 N. Monroe Street Tallahussee, FL 3230	

From: Juliana dos sentos

423000 1685673

Page: 3 of 4

ARTICLESOF	ORGANIZATION FOR FI	ORIDA LIMIT	ED LIABILITY COMPANY
ARTICLE I - Name:			
The name of the Limited Liabilit	y Company is:		
M2RB FL LLC			
(Must conti	in the words "Limited Li	ability Compar	ny, "L.L.C.," or "LLC.")
ARTICLE II - Address:			
The mailing address and street ad	Idress of the principal off	ice of the Limit	ted Liability Company is:
Princips	1 Office Address:		Mailing Address:
222 YAMATO RD S			22 YAMATO RD STE 106-198
BOCA RATON FL 3	3431	<u>B</u>	OCA RATON FL 33431
another business entity with an a	cannot serve as its own R ctive Florida registration.	egistered Agen	gent's Signature: it. You must designate an individual or
The name and the Florida street a	ddress of the registered a	gent are:	
	GFS TAX & ACCOUN		CES
	1	Name	
	11764 W SAMPLE RD	STE 102	
	Florida street address (P.O. Box <u>NO</u> T	(Acceptable)
	CORAL SPRINGS	FL	33065
	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 duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

(CONTINUED)

Yuliana mashado
Registered Agent's Signature (REQUIRED)

. . . .

4230001685673

MBR" Authorized Member M2RB LLC M2R	
M2RB LLC 222 YAMATO RD STE 106-198 BOCA RATON FL 33431 CARLO BARBIER1 4800 N FEDERAL HWY STE 101-D BOCA RATON FL 33431	
222 YAMATO RD STE 106-198 BOCA RATON FL 33431 GGR CARLO BARBIERI 4800 N FEDERAL HWY STE 101-D BOCA RATON FL 33431	
IGR CARLO BARBIER! 4800 N FEDERAL HWY STE 101-D BOCA RATON FL 33431:	
4800 N FEDERAL HWY STE [0]-D BOCA RATON FL 33431	
4800 N FEDERAL HWY STE [0]-D BOCA RATON FL 33431	
	
tive date is listed, the date must be specific and cannot be more than five business day (Bling.) be date inserted in this block does not meet the applicable statutory filing requirements, the statutory filing requirements are statutory filing requirements.	
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Signature of a member or an authorized representative of a mer This document is executed in accordance with section 605.0203 (1) (b), F I am aware that any false information submitted in a document to the Department of Section 605.0203 (1) (b), F Constitutes a third degree felony as provided for in s.817.155, F.S. Mediangela Perzo Rossini Typed or printed name of signee	nember.), Florida Statutes. epartment of State
Signature of a member or an authorized representative of a mer This document is executed in accordance with section 605.0203 (1) (b), F I am aware that any faise information submitted in a document to the Depresentatives a third degree felony as provided for in s.817.155, F.S. Metiangela Pezzo Rossini	nember.), Florida Statutes. epartment of State