Division of Corporations Electronic Filing Cover Sheet

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(((H230001685663)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : DOSSANTOS AND MACHADO, LLC

Account Number : I20140000089 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: NFOWGFSTAXACCT

FLORIDA LIMITED LIABILITY CO. MML GROUP FL LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

Electronic Filing Menu Corporate Filing Menu

Help

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COVER LETTER

IO: New Filing Section Division of Corporations	
MML GROUP FL LLC SUBJECT:	
Name of Limited Liability Company	y
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
JULIANA MACHADO	
Name of Person	
GFS TAX & ACCOUNTING SERVICES	
Firm/Company	
11764 W SAMPLE RD STE 102	
Address	
CORAL SPRINGS FL 33065	
City/State and Zip Code INFO@GFSTAXACCT.COM	
E-mail address: (to be used for future annual report	notification)
For further information concerning this matter, please call:	
JULIANA MACHADO 754 301-2128	
	Telephone Number
Enclosed is a check for the following amount:	
☐\$125.00 Filing Fee ☐\$130.00 Filing Fee & ☐\$155.00 Filing Fee Certificate of Status Certified Copy (additional copy is en	Certificate of Status &
(====================================	(additional copy is enclosed)
Mailing Address Street Addr	
	Section Division
•	of Tallahassee nroe Street, Suite 810
	El 12203

From: Juliana dos santos

#230001685663

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
MML GROUP FL LLC		
(Must contain the words "Limited Li	ability Con	ilpany. "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal off	ice of the L	imited Liability Company is:
Principal Office Address:		Mailing Address:
222 YAMATO RD STE 106-198	_	222 YAMATO RD STE 106-198
BOCA RATON FL 33431		BOCA RATON FL 33431
(The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration. The name and the Florida street address of the registered a)	rgent. 1 ou must designate an Individual of
GFS TAX & ACCOUN	NTING SEI	RVICES
	Name	N. ICEO
11764 W SAMPLE RI	STE 102	
Florida street address (P.O. Box	IOT 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)

Telliana malhado
Registered Agent's Signature (REQUIRED)

4230001685663

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
AMBR	MML GROUP LLC 222 YAMATO RD STE 106-198 BOCA RATON FL 32431	
MGR	CARLO BARBIERI 4800 N FEDERAL HWY STE 101-D BOCA RATON FL 33431	
<u> </u>		
fective date is listed, the date mu of filing.) Fthe date inserted in this block do	the date of filing: (OPTIONA st be specific and cannot be more than five business days prior es not meet the applicable statutory filing requirements, this date	to or yo days
E V: Effective date, if other than feetive date is listed, the date must of filing.) If the date inserted in this block dominent's effective date on the Depute VI: Other provisions, if any.	et be specific and connot be more than five business days prior les not meet the applicable statutory filing requirements, this date	will not be lis
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