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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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RECEIVED

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Mar Solutions 1st - Janitorial Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing
Please return all correspondence concerning this matter to the following:
Wilmario Miller Rico Taylor
M&R Solutions 15+ Firmy Company
1141 Mgole Dr
7911, F1 32301 City-State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call Wilman's Miller 850 508-5725 Rico Taylor at 850 550 345-6659
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
IIS125.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) IIS155.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed)

Mailing Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Smie 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must cor	M&R Solut	Cions 1	LLC "or "LLC ")		
RTICLE II - Address:	man in words Diffied	Chaomy Company,	I.H.C., Of H.C.)		
he mailing address and street	address of the principal of	office of the Limited	Liability Company is:		
<u>Princi</u>	pal Office Address:		Mailing Address:		
1141 Maple	L Dr				
7 9/1, F1 32	301				
RTICLE III - Registered Ap	gent, Registered Office,	& Registered Agen	t's Signature:	55. 29.	2
The Limited Liability Companion ther business entity with an			on must designate an individual or	2023 JUN	} '~gras
	t address of the registers	d agent are		こ に	
ne name and the Florida stree	radareas or igenegasiere				
ie name and the Florida stree	Wina is	o will	· -		
to name and the Florida stree	Wilmais	Name	7	1 AH IO	
to name and the Florida stree	Wilmais	o will	46	1 AH 10: 29	9
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to name and the Florida stree	2241 N MC	Name DNROE ST. #15		1 AH 10: 29	
to name and the Florida stree	2241 N MC	Name DNROE ST. #15 as (P.O. Box <u>NOT</u> ac		1 AH 10: 29	3
v.n.z hven named as registered	2241 N MC Florida street addres TALLAHA City Lagent and to accept serv	Name DNROE ST. #15 as (P.O. Box NOT ac SSEE, FL 32303 State dice of process for the	ceptable)	ony at the	

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Name and Address: "AMBR" = Authorized Member TALLA:HA SSEE, FL 32303 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (JAZOTTONAL) (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.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

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

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

S 5.00 Certificate of Status (Optional)