L23000390608

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(7)		
(8	usiness Entity Name)	
(D)	ocument Number)	
Certified Copies	Certificates of	Status
		
Special Instructions to Fil	ing Officer:	

Office Use Only



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8/20/23

TO Whom it may conceen

I am the owner of MMGDonald Enterprise uc boc# L200000339224 and I have no intentions of revoking the dissolution, I want to a new le with the exact name Of MMCDonald Enterprise LLC I am the owner of the new name of M McDonald

M MCD

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: M COM a Limited Liability Company PMSD UC
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Marvin McDanales
MM Donald Ettappise Ul
Firm/Company
183rd John W. W. Dath C+
City/State and Zip Code jumbo cortex Course Cov E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Mary McOchard at (386) 400-1833 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S125.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) S160.00 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, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

(Must contain 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:

830 20th N.W 20th Ct 183120th N.W 20th Ct

Miami Fl 33056

Miami Fl 33056

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:

Name
Name
Name
Name
Name
Name
Name
Notation
Nota

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager	Marvin McDonald 18312 2011 NW 29th Ct	- - -
	Miam 1 F1330560	-
•		- -
		. -
		-
		• - -
(Use attachment if necessary) ARTICLE V: Effective date, if other than the date of	filing: 8 2123 (OPTIONAL)	
(If an effective date is listed, the date must be spec the date of filing.) Note: If the date inserted in this block does not me	ific and cannot be more than five business days prior to or 90 eet the applicable statutory filing requirements, this date will not	·
the document's effective date on the Department of ARTICLE VI: Other provisions, if any.	State's records.	
		<u> </u>
REQUIRED SIGNATURE:		
This document is executed I am aware that any false in	ther or an authorized representative of a member. d in accordance with section 605.0203 (1) (b). Florida Statutes. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.	
Markin	Typed of printed name of signee	2023
\$125.00 Filing Fee for Articles of Orga	Filing Fees: inization and Designation of Registered Agent	77
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional		2
		<u>.</u>