Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000330492 3)))



H230003304923ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : RASI

Account Number : 120220000023 Phone : (800)221-2972

Fax Number : (917)243-5843

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

Email Address:__

FLORIDA LIMITED LIABILITY CO. MCEG LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

Electronic Filing Menu Corporate Filing Menu

Help

FILED

Lexites

ARTICLES OF ORGANIZATION FOR FI	LORIDA LIMITED LIABILITY CO	MPANY
---------------------------------	-----------------------------	-------

PH 4: 46

ARTICLES OF ORGANIZATION FOR FLORI	DA UMLUED HVIBITALA COMPANA	. 5053 2Fb 50	PH 4:46
ARTICLE 1 - Name: The name of the Limited Liability Company is:		TALLAHAS	OF STATE SSEE, FL
MCEG LLC (Must contain the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the principal office of	of the Limited Liability Company is:		
Principal Office Address:	Mailing Ade	dress:	
233 Burgandy F Delray Beach, FL 33446	PO Box 8646 14280 South Military Trail Delray Beach, Florida 3348	14	
ARTICLE III - Registered Agent, Registered Office, & Re (The Limited Liability Company cannot serve as its own Registration.)	egistered Agent's Signature: istered Agent. You must designate an	individual or	

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

Michael Carr		
	Name	
283 Burgandy F		
Plorida street addres	ss (P.O. Box <u>NOT</u> ac	ceptable)
Delray Beach	FL	33446
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)

litle:	Name and Address:
AMBR" - Authorized Member	t .
"MGR" = Manager	
AMBR	Michael Cart
MADIX	283 Burgandy F
	Delray Beach, FL 33446
	·
AMBR	Eric George
	283 Burcandy F
	Delray Beach, FL 33446
lective date is listed, the date n	on the date of filing: (OPTIONAL) nust be specific and cannot be more than five business days prior to or 90
LE V: Effective date, if other that flective date is listed, the date in a of filing.) If the date inserted in this block nument's effective date on the De	does not meet the applicable statutory filing requirements, this date will no
LE V: Effective date, if other the flective date is listed, the date is of filing.) If the date inserted in this block ument's effective date on the De	does not meet the applicable statutory filing requirements, this date will no
LE V: Effective date, if other that feetive date is listed, the date in a of filing.) If the date inserted in this block	does not meet the applicable statutory filing requirements, this date will no
LE V: Effective date, if other that flective date is listed, the date in a of filing.) If the date inserted in this block nument's effective date on the De	dues not meet the applicable statutory filing requirements, this date will no opartment of State's records.
LE V: Effective date, if other that flective date is listed, the date in e of filling.) If the date inserted in this block nument's effective date on the Deck nument's effective date on the Deck to the provisions, if any. REQUIRED SIGNATURE:	does not meet the applicable statutory filing requirements, this date will not opartment of State's records.
LE V: Effective date, if other that fective date is listed, the date in of filing.) If the date inserted in this block nument's effective date on the Delay of the VI: Other provisions, if any. REQUIRED SIGNATURE:	does not meet the applicable statutory filing requirements, this date will not opartment of State's records. The of a member or augusthorized representative of a member. The is recounted in accordance with section 605,0203 (1) (b), Florida Statutes.
LE V: Effective date, if other that feetive date is listed, the date in of filing.) (If the date inserted in this block ument's effective date on the Delle VI: Other provisions, if any. REQUIRED SIGNATURE: Signature that document are aware the	does not meet the applicable statutory filing requirements, this date will not opartment of State's records. There of a member or augusthorized representative of a member, and is executed in accordance with section 605.0203 (1) (b), Florida Statutes, at any false information submitted in a document to the Department of State.
LE V: Effective date, if other that flective date is listed, the date in a of filing.) If the date inserted in this block nument's effective date on the Deck numerical section of	does not meet the applicable statutory filing requirements, this date will not opartment of State's records. The of a member of amenthorized representative of a member, and is executed in accordance with section 605.0203 (1) (b), Florida Statutes, at any false information submitted in a document to the Department of State third degree felony as provided for in s.817.155, F.S.
LE V: Effective date, if other that flective date is listed, the date in a of filing.) If the date inserted in this block nument's effective date on the Deck numerical section of	does not meet the applicable statutory filing requirements, this date will not opartment of State's records. The of a member or augusthorized representative of a member, at is executed in accordance with section 605.0203 (1) (b), Florida Statutes, at any false information submitted in a document to the Department of State third degree felony as provided for in s.817.155, F.S.
LE V: Effective date, if other that flective date is listed, the date in a of filing.) If the date inserted in this block nument's effective date on the Deck numerical section of	does not meet the applicable statutory filing requirements, this date will not opartment of State's records. The of a member of augusthorized representative of a member, at any false information submitted in a document to the Department of State third degree felony as provided for in s.817.155, F.S. Typed or printed name of signee
LE V: Effective date, if other that flective date is listed, the date in a of filing.) If the date inserted in this block nument's effective date on the Done of	does not meet the applicable statutory filing requirements, this date will no opartment of State's records. The of a member of an authorized representative of a member, at is executed in accordance with section 605.0203 (1) (b), Florida Statutes, at any false information submitted in a document to the Department of State third degree felony as provided for in s.817.155, F.S. Typed or printed name of signee Filling Fees:
LE V: Effective date, if other that flective date is listed, the date in a of filing.) If the date inserted in this block nument's effective date on the Decket of the De	does not meet the applicable statutory filing requirements, this date will not opartment of State's records. The of a member or augusthorized representative of a member, at is executed in accordance with section 605.0203 (1) (b), Florida Statutes, at any false information submitted in a document to the Department of State third degree felony as provided for in s.817.155, F.S. Typed or printed name of signee Filing Fees: icles of Organization and Designation of Registered Agent
LE V: Effective date, if other the fective date is listed, the date in of filing.) (If the date inserted in this block ument's effective date on the Do LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature This document I am aware the constitutes a temporary in the second of the seco	does not meet the applicable statutory filing requirements, this date will no opartment of State's records. The of a member of an anotherized representative of a member, at is executed in accordance with section 605.0203 (1) (b), Florida Statutes at any false information submitted in a document to the Department of State third degree felony as provided for in s.817.155, F.S. Typed or printed name of signee Filing Fees: icles of Organization and Designation of Registered Agent Optional)