# L23000 442 968

	(Requestor's Name)
<del></del>	(Address)
<del></del>	(Address)
	(City/State/Zip/Phone #)
PICK-UF	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:





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2023

## COVER LETTER

TO: New Filing Se Division of Co					
Mechanic SUBJECT:	a Engineering, LLC				
aconect.	Name of	Limited Liabil	ity Company		
The enclosed Articles o	f Organization and fee(s)	are submitted	for tiling.		
Please return all corresp	ondence concerning this	matter to the	following:		
CHARLES	SERFATY				
		Name of	Person	_	
SERFATY	LAW PA				
		Firm/Cc	ompany		
4770 BISC	AYNE BLVD SUITE 1-	130			
		Addı	'ess		
MIAMI, FI	. 33137				
CSERFATY	GSERFATYLAW.COM	City/State ar 4	nd Zip Code	-	
<del></del>	E-mail address: (to be us	sed for future :	mnual report notificat	ion)	
For further information c	oncerning this matter, ple	rase call:			
Alexandru I	Demitreat	321	4239460 _)		
	me of Person		Daytime Telephon		
Enclosed is a check for	the following amount:				
	□\$130.00 Filing Fee Certificate of Status	Certif	5.00 Filing Fee & led Copy al copy is enclosed)	□\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
	ing Address		Street Address		
	Filing Section ion of Corporations		New Filing Section Division The Centre of Tallahassee		
	Box 6327		2415 N. Montoe Stre		
	hassee, FL 32314		Tallahassee, FL 3230	3	

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

-									
А	ĸ	E	ш	ŧ.	. ŀ.	l -	· ` :	me	:

The name of the Limited Liability Company is:

Mechanica Engineering, LLC	
(Must contain the words "Limited Liability Con	mpany, "L.L.C.," or "LEC,")
ARTICLE II - Address:	
The mailing address and street address of the principal office of the l	limited Liability Company is:
Delegation Office Address	Markey Address

r i incipal Office Address.	stannig Address.
2975 LIMPET CT	SAME
INDIALANTIC, FL 32903	

### 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:

SERFATY LAW PA	Name	
4770 BISCAYNE B	LVD SUITE 1430	
Florida street addres	s (P.O. Box <u>NOT</u> ac	rceptable)
MIAMI	FL	33137
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 pasition as registered agent as provided for it Chapter 605, F.S..

tegistered Agent's Signatur (REQUIRED)

(CONTINUED)

•.

# ARTICLE IV-

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

<u>IRIC:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager		
•	ALEXANDRU DUMITRU	
AMBR	2975 Limpet Ct, Indiadantic, FL 32903	
		<del></del>
		- <del></del>
	-	
(Use attachment if necessary)		
the date of filing.) <u>Note:</u> If the date inserted in this block does not the document's effective date on the Department ARTICLE VI: Other provisions, if any.	meet the applicable statutory filing requirements, this da of State's records.	ate will not be listed as
•		
REQUIRED SIGNATURE:	1.2.t.	·
This document is execu I am aware that any fals	ember of an authorized representative of a member, need in accordance with section 605,0203 (1) (b). Floridate information submitted in a document to the Department of the De	a Statutes.
Alexandru Dum	HTU	
	Typed or printed name of signee	
	Filing Fees:	
\$125.00 Filing Fee for Articles of Or	ganization and Designation of Registered Agent	
\$ 30.00 Certified Copy (Optional)	G	2023
\$ 5.00 Certificate of Status (Optio	nal)	مَن