L23000555058

(Re	questor's Name)	
(Ad	dress)	
•	,	
(1)		
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	■ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to f	Filing Officer:	
<u> </u>		





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12/18/23--01001--020 **125.00

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CORPORATE ACCESS, ____

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) - (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

	PICK U	P:	12/18	Glinda		
	CERTIFIED COPY				 	
xx	РНОТОСОРУ					
	CUS					
xx	FILING	LLC				
	M&L CONSULTING SERVICES	LLC				
	(CORPORATE NAME AND DOCUMEN	VT #)			· · · · ·	
2.						
	(CORPORATE NAME AND DOCUMEN	NT #)				
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•	(CORPORATE NAME AND DOCUMEN	VT #)				
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5.						
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	(CORPORATE NAME AND DOCUMEN	NT #)				
SPECIA						
NSTRU	JCTIONS:					



December 19, 2023

CORPORATE ACCESS, INC.

SUBJECT: M&L CONSULTING SERVICES LLC

Ref. Number: W23000167986

We have received your document for M&L CONSULTING SERVICES LLC. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

If you have any further questions concerning your document, please call (850) 245-6052.

Letter Number: 923A00028857

KAIN COSTELLO Regulatory Specialist II New Filing Section

2023

COVER LETTER

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	New Filing Se Division of Co				
SUBJEC	MLBB CC	ONSULTING SERVI	CES LLC		
	••	Name	of Limited L	iability Company	
The enclo	sed Articles o	f Organization and fee	(s) are subm	itted for filing.	
Please ret	urn all corresp	ondence concerning the	nis matter to	the following:	
	Mike Barke	г			
			Nam	ne of Person	
			to:	.11	
			riri	n/Company	
	12428 San J	lose Blvd, Suite 1			
			,	Address	
	Jacksonville	r, Florida 32223			
	nahuri ne Gulu	al: nom	City/Sta	te and Zip Code	
	mbarker@du		used for fut	ure annual report notifica	ation)
or further		oncerning this matter.		·	
	Mike Barker		at (2263660	
	Nan	ne of Person		de Daytime Telepho	
Enclosed	is a check for	the following amount:			
≅\$ 125.0	0 Filing Fee	□\$130.00 Filing H Certificate of State	us Co	\$155.00 Filing Fee & entified Copy it itional copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		ng Address		Street Address New Filing Section I	Division
	Divisi	Filing Section of Corporations		The Centre of Tallal	hassee
		30x 6327 nassee, FL 32314		2415 N. Monroe Str Tallahassee, FL 323	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liabili	ity Company is:		
MLBB CONSULTI	NG SERVICES LLC		
(Must con	tain the words "Limited	Liability Con	pany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street a	address of the principal c	office of the 1.	imited Liability Company is:
Princip	oal Office Address:		Mailing Address:
12428 San Jose Blyd Jacksonville, Florida			12428 San Jose Blyd, Suite 1 Jacksonville, Florida 32223
ARTICLE III - Registered Ag (The Limited Liability Compan another business entity with an	y cannot serve as its owr	r Registered A	d Agent's Signature: agent. You must designate an individual or
The name and the Florida street	address of the registered	d agent are:	
	Michael J. Barker		
		Name	
	12428 San Jose Blvd	I., Suite I	
	Florida street addres	ss (P.O. Box 🛭	NOT acceptable)
	Jacksonville	FI.	32223
	City	State	Zip
place designated in this certificate further agree to comply with the p	e. I hereby accept the apport provisions of all statutes r bligations of my position	pointment as receluting to the as registered as registered tered Agent's	for the above stated limited liability company at the egistered agent and agree to act in this capacity. I proper and complete performance of my duties, and I agent as provided for in Chapter 605, F.S. Signature (REQUIRED)
		(CONTIN	0101

ARTICLE IV-

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

0	uthorized Member
"MGR" = Mar	nager
<u>MGR</u>	MICHAEL J. BARKER
	12428 SAN JOSE BLVD, SUITE I
	JACKŠONVILLE, FLORIDA 32223
MGR	LAUREN F. BARKER
	12428 SAN JOSE BLVD, SUITE I
	JACKSONVILLE, FLORIDA, 32223
	
ctive date is li f filing.)	e date, if other than the date of filing:
ctive date is liftfiling.) the date insertnent's effective EVI: Other pro	isted, the date must be specific and cannot be more than five business days prior to or 9 led in this block does not meet the applicable statutory filing requirements, this date will not be date on the Department of State's records.
ective date is liftfiling.) the date insertnent's effective EVI: Other pro	isted, the date must be specific and cannot be more than five business days prior to or 9 led in this block does not meet the applicable statutory filing requirements, this date will not be date on the Department of State's records.
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