

L24000011797

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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(Business Entity Name)

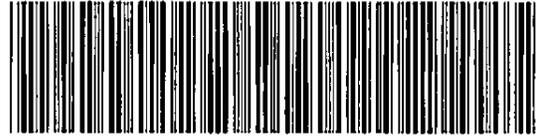
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2024 JAN 11 AM 11:15

PROFESSIONAL OFFICE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

2024 JAN 11 P.M. 2

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Mohae's Creative Services LLC  
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:

Melissa N Derico Marshall  
Name of Person

Mohae's Creative Services LLC  
Firm/Company

239 Basin Dr STE 2C  
Address

Lakewood By The Sea, FL 33308  
City/State and Zip Code

melissamarshall4579@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Melissa Marshall at ( 754 ) 235-8769  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

\$125.00 Filing Fee

\$130.00 Filing Fee &  
Certificate of Status

\$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

\$160.00 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:

Mohae's Creative Services LLC  
(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:

239 Basin Dr STE 2C  
Lauderdale By The Sea,  
FL 33308

Mailing Address:

239 Basin Dr STE 2C  
Lauderdale By The Sea,  
FL 33308

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:

Melissa N Derico Marshall  
Name

1821 NW 7th terrace  
Florida street address (P.O. Box **NOT** acceptable)

Pompano Beach, FL 33060  
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.*

Melissa Derico Marshall  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV-**

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

**Title:**

**Name and Address:**

"AMBR" = Authorized Member

"MGR" = Manager

CEO

Melissa N. Derico Marshall  
1821 NW 7th terrace  
Pompano Beach, FL 33060

AMBR

Meliyah Destiny Marshall  
741 NW 17th St  
Pompano Beach, FL 33060

AMBR

Phillip J. Caesar  
296 NE 35th CT  
Oakland Park, FL 33334

\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL.)

(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:**

Melissa Derico - Marshall

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.

Melissa Derico Marshall

Typed or printed name of signee

**Filing Fees:**

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

2024 JUN 11 10:23 AM