UV40W2Z16634

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

Office Use Only



600429166886

03/23/24-01007-01 7201 HAY 22 AM 9: 47 17/LL/ANASSEE, FIL

RECEIVED

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: MC Amiques IIC antiques gold etc. 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:	
Many E Chandler Name of Person	
MC Antiques // C Firm/Company	
4036 So Florida Ave #79 Address	
Inverness Fl 34450 Chandler mary 47746 amail. com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Person Area Code Daytime Telephone Number	- T
Name of Person Area Code Daytime Telephone Number	
Control to the first Control of the	
□S125.00 Filing Fee □S130.00 Filing Fee & □S155.00 Filing Fee & □S155.00 Filing Fee & □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 1 - 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: 4318 So. Floreda Fluc. Thurspess Fl 34450 Address: 4318 So. Floreda Fluc Inverses Fl 34450	
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: Bonny Man	
laving been named as registered agent and to accept service of process for the above stated limited liability company at the lace designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I wither agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and is maintain with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S	7
CONTINUED)	
(CONTINUED)	

The name and address of each person au	thorized to manage and control the Limited Liability	Company:
Title:	Name and Address:	
"AMBR" = Authorized Member "MGR" = Manager		
M a r	Man Chandler	∵
	4318 SO FLONDE AUE	-118
ν	Inverhess, (-1.3445	<u> </u>
		
		
		-
(Use attachment if necessary)		
•		
RTICLE V: Effective date, if other than the date	of filing: (OPTION OF CONTROL OF CON	ONAL)
r an effective date is fisted, the date must be spite date of filing.)	ectife and cannot be more than five business days p	rior to or 90 days after
Sote: If the date inserted in this block does not i	neet the applicable statutory filing requirements, this	date will not bedisted as
he document's effective date on the Department	of State's records.	22.
RTICLE VI: Other provisions, if any.		= = 7
<u> </u>		
		<u> </u>
REQUIRED SIGNATURE:	į.	19- A
100	a Chareller	MM 9: 47
Singatura at how	ember or an authorized representative of a member	
	ted in accordance with section 605.0203 (1) (b), Flor	
I am aware that any false	information submitted in a document to the Departn	
	e felony as provided for in s.817.155, F.S.	
Mary	E Chandler Typed or printed name of signee	_
	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)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)