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

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WALK IN

PICK	UP: BROOK	. 8/7	
CERTIFIED COPY			
РНОТОСОРУ			
GS			
FILING	LLC	: 	2024 AUG
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COVER LETTER

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TO: New Filing Section Division of Corporations	
SUBJECT: Mabi Wash 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:	
Viviana C. Gobern Name of Person	
Mabi Wash LLC	
Firm/Company	
918 Grand Cresta Ave	
Address	2021
Brandon/FL 33511	2024 AUG -
City/State and Zip Code	O 1
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	9
	7
Viviana Gobernai 813, 486-6737	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
日第125.00 Filing Fee と 日第130.00 Filing Fee と 日第155.00 Filing Fee と 日第160.00 Filing Fee と Certificate of Status Certified Copy Certificate of Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	f Status & oy
Mailing AddressStreet AddressNew Filing SectionNew Filing Section DivisionDivision of CorporationsThe Centre of Tallahassee	

P.O. Box 6327 Tallahassee, FL 32314 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:				
Mabí W	ash LLC the words "Limited Liah	pility Company,	"L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street add					
Principal	Office Address:		Mailing Add	ress:	
918 Grand Brandon F	Cresta AVE	- <u>9</u> 1	13 Grand Crandon FL 33	sta Ave 511	
ARTICLE III - Registered Agent (The Limited Liability Company canother business entity with an act	annot serve as its own Re	Registered Age gistered Agent.	nt's Signature: You must designate an in	idividual or	
The name and the Florida street ad-	dress of the registered ag	ent are:		20:	
	Viviana (C. Go	bein	ZDZ4 AUG	५ म्य
	N	ame			ۇا ئ «≖-= ، ،
	918 Grand	(resta	AVC]
	Florida street address (P	O. Box NOT a	cceptable)		1 5 [
	Brandon	FL	33511	/ S 9 F	
•	City	State	Zip	47	
Having been named as registered ag place designated in this certificate, I further agree to comply with the prov am familiar with and accept the oblig	hereby accept the appoint visions of all statutes relate gations of my position as r	tment as register ing to the prope	red agent and agree to act r and complete performan as provided for in Chapte	t in this capacity. l uce of my duties, and	

(CONTINUED)

Title:	Name and Address:
"AMBR" = Authorized Men "MGR" = Manager AMBR	Jiviana (Gobern 918 Grand Clesta Ave Brandon Fl 33511
	
(Use attachment if necessary)	2924 AUG
FICLE V: Effective date, if other then effective date is listed, the date in	an the date of filing: 08/01/24 (OPTIONAL) anust be specific and cannot be more than five business days prior to or 90 days af does not meet the applicable statutory filing requirements, this date will not be liste epartment of State's records.
TICLE VI: Other provisions, if any.	<u>.</u>