From: Yanet Avila

8/20/24, 12:52 PM

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000278958 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

Fron:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : 120000000146 Phone : (305)444-4994 Fax Number : (305)328-4774

**Enter	the	email	address	for	this	busine	255	entity	to	bе	used	for	future
ar	nnual	report	t mailin	es.	Enter	only	one	email	add	res	sole	ase.	* *

Email Address:

## FLORIDA LIMITED LIABILITY CO. MRH SERVICES GROUP LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu Corporate Filing Menu

## ARTICLES OF ORGANIZATION FOR FLORIDATEMITED LIABILITY COMPANY

## ARTICLE 1 - Name:

The name of the Limited Liability Company is:

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
1395W 3/ST TELL	Same
90 Wal FL 33914	

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:

Haria V Ropul Hernandez. Florida street address (P.O. Box NOT acceptable)

Coff Corol FL 33514

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.,

Registered Agent's Signature (REQUIRED)

(CONTINUED)

(Use attachment if necessary)  LE V: Effective date, if other than the date of fictive date is listed, the date must be specific of filing.)	Maria V. Reque Hernande 139 su 3157 Terrace cape corat, FL 33914
(Use attachment if necessary)  LE V: Effective date, if other than the date of fective date is listed, the date must be spec-	134 S.C. 3157. TETTACE Cape Coral, FL 33414
LE V: Effective date, if other than the date o fective date is listed, the date must be spec	
LE V: Effective date, if other than the date of Tective date is listed, the date must be spec-	
If the date inserted in this block does not me ument's effective date on the Department of LEVI: Other provisions, if any.	cific and cannot be more than five business days prior to or 90 oct the applicable statutory filing requirements, this date will not
REQUIRED SIGNATURE:	
MICHINED SIGNATURE.	
This document is executed I am aware that any false in	nher or an authorized representative of a member.  d in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.