

9/28/24, 11:07 AM

Division of Corporations

HH
8.29.24

Florida Department of State

L24000375159

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.

(((H24000288298 3)))



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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : NELSON MULLINS RILEY & SCARBOROUGH, NAPLES
Account Number : I19990000199
Phone : (850)681-6810
Fax Number : (850)681-9792

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: matthew.mcroberts@nelsonmullins.com

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2024 AUG 28 AM 11:20

SECRETARY OF STATE
TALLAHASSEE, FL

FLORIDA LIMITED LIABILITY CO.

M3 SPA Six USA LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL

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Corporate Filing Menu

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COVER LETTER

TO: **New Filing Section**
Division of Corporations

SUBJECT: **M3 SPA Six USA 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:

Matthew McRoberts, Esq.

 Name of Person

Nelson Mullins Riley & Scarborough

 Firm/Company

5811 Pelican Bay Boulevard, Suite 204

 Address

Naples, FL 34108

 City/State and Zip Code

matthew.mcroberts@nelsonmullins.com

 E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

239

325

0416

at (_____) _____

 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 310
 Tallahassee, FL 32303

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RECEIVED
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FL 32303

Fax Audit No. H24000288298 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

M3 SPA Six USA 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:

Mailing Address:

4145 Grande Brick Loop

Orlando, FL 32837

4145 Grande Brick Loop

Orlando, FL 32837

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

Capitol Corporate Services, Inc.

Name

515 East Park Avenue, 2nd Floor

Florida street address (P.O. Box **NOT** acceptable)

Tallahassee

FL

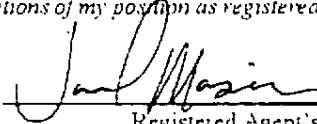
32301

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..



Jared Margerison, Asst. Secretary
on behalf of Capitol Corporate Services, Inc.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

Samir Mikhael
4145 Grande Brick Loop
Orlando, FL 32837

(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:

Samir Mikhael

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.

Samir Mikhael

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)

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DEPT OF STATE
CLERK OF STATE