

9/5/24, 1:46 PM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filings & System Support
L2400030267634

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To:

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

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Account Name : FILE IT USA INC.
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Phone : (718)925-2025
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: service@fileitusa.com

**FLORIDA LIMITED LIABILITY CO.
MB Construction Group LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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SECRETARY OF STATE
TALLAHASSEE, FL

24 SEP -5 AM 10:50

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MB Construction Group 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:

2999 NE 191st St, Suite 408

Aventura, FL 33180

2999 NE 191st St, Suite 408

Aventura, FL 33180

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:

Avraham Manoucheri

Name

2999 NE 191st St, Suite 408

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

Aventura

FL

33180

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..

/s/ Avraham Manoucheri

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

AMBR

Avraham Manoucheri
8877 Collins Ave, Unit 210
Surfside, FL 33154

AMBR

Aaron Manoucheri
2999 NE 191st St, Suite 408
Aventura, FL 33180

MGR

Yosef Manoucheri
2999 NE 191st St, Suite 408
Aventura, FL 33180

(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:

/s/ Aaron Manoucheri

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.

Aaron Manoucheri

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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