

Division of Corporations **Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : STRATEGIC LEGAL SOLUTIONS, LLC

Account Number : I20230000140 Phone : (305)722-7090 Fax Number : (305)424-1050

\*\*Enter the email address for this business entity to be used for future  $ec{\iota}$ annual report mailings. Enter only one email address please.\*\*

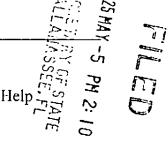
Email Address: \_\_\_\_info@smulevichlegal.com

# FLORIDA LIMITED LIABILITY CO. MNS UNITED LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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Corporate Filing Menu



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### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - Name:

The name of the Limited Liability Company is:

MNS UNITED 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:

2980 NE 207th Street, Suite 360

2980 NE 207th Street, Suite 360

Aventura, FL 33180

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:

Registered Agents Inc				
Name				
7901 4th St N		STE 300		
Florida street address (P.O. Box NOT acceptable)				
St. Petersburg	FL	33702		
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..

David Schoerts

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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 MGR	Eduardo Fabian Litvak
<u></u>	2980 NE 207th Street, Suite 360
	Aventura, FL 33180
	Matias Ariel Litvak
MGR	2980 NE 207th Street, Suite 360
	Aventura, FL 33180
(Use attachment if necessary)	
ADTICI E V. Effective days if eshables the de-	(ODTIONAL)
	te of filing:
the date of filing.)	pecine and cannot be more than five business days prior to 01 70 days after
	meet the applicable statutory filing requirements, this date will not be listed as
the document's effective date on the Departmer	nt of State's records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	Shington
MOUNTED SIGNATURE.	
Signature of a n	nember or an authorized representative of a member.
	uted 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.

Sabrina Smulevich, Esq.

Typed or printed name of signee

