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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone #	f)
PICK-UP	MAIT WAIT	MAIL
(Ви	siness Entity Name	·)
(Do	cument Number)	
Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	
W14-3741)	·	

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Certificate

FLORIDA DEPARTMENT OF STATE OF LXSISTEM Division of Corporations of Corporations from NY

Check Still in good standing

HER DEVELOPMENT TO CHECK STILL IN GOOD STANDING

March 27, 2019

MARCEL ARCHER 7928 EAST DR APT 702 NORTH BAY VILLAGE, FL 33141 US

SUBJECT: M & A ARCHER DEVELOPMENT, LLC

Ref. Number: W19000030742

We have received your document for M & A ARCHER DEVELOPMENT, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Janeice L Smith Regulatory Specialist II Registration Section 450 205.0980

Letter Number: 119A00006105

RECEIVED

JUN 1 3 2019

www.sunbiz.org

COVER LETTER

TO:

Registration Section

Divisior	of Corporations
SUBJECT:	M3A ARCHER Development LLC
	Name of Limited Liability Company
The enclosed "Ap Existence, and ch	oplication by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of eck are submitted to register the above referenced foreign limited liability company to transact business in Florida.
Please return all	correspondence concerning this matter to the following:
	Marcer Archer
•	Name of Person
	Firm/Company
	7928 Ensi Drive Apt 702
	Address
	North Bay Village FL 3314/ City/State and Zip Code
	·
	Marcel - D. Archer agmail. com
_	E-mail address: (to be used for future annual report notification)
For further inforn	nation concerning this matter, please call:
	Maral Archer 315, 367 706 1 3 3
	Name of Contact Person Area Code Daytime Telephone Number
Division Registra P.O. Bo:	E-mail address: (to be used for future annual report notification) mation concerning this matter, please call: Watch Archev
	l is a check for the following amount: ake check payable to: FLORIDA DEPARTMENT OF STATE
	5.00 Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status Certified Copy of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Name of Foreign L	imited Liability Company; must include "Limited	Liability Compan	y," "L.L.C.," or "LL	C.")	
e unavailable, enter alternate nan	ne adopted for the purpose of transacting business in Floric	la. The alternate nam	e must include "Limited	I Liability Company," "	L.L.C," or "LLC.")
Kings	n foreign limited liability company is organized)	3.	83 - 10	• – –	
ursdiction under the law of whit	n foreign limited liability company is organized)		(FEL)	number, af applicable)	
	N/A				
	(Date first transacted business in Florida, if prior to reg (See sections 605,0904 & 605,0905, F.S. to determine	gistration.) penalty liability)			
7422 €	east Drive. Apt 707-	6	428 Eus	+ Drive	Apt 76
	Muge FL 33/4/			Nuge	
ame and street address	of Florida registered agent: (P.O. Box	——————————————————————————————————————	le)	TE AND	HUL 61
Name:	Murcel Archer			ATASSEE FLORIDA	PH: HA EI KNI
Office Address:	Trizz East Drise			EN IDA	£
	North Bry Villag	<u> </u>	Florida 33	14/	
nated in this application ply with the provision	ince: istered agent and to accept service of pr on, I hereby accept the appointment as in ns of all statutes relative to the proper a of my position as registered agent.	regist <mark>er</mark> ed age	nt and agree to d	act in this capac	ity. I further

	Name and Address:	Title or Capacity:		Name and Address
1 Manager	Name: Acielle Archer	Manager	Name:	
Member	Address: 7928 East Dive	☐ Member		
Authorized	Apt 702 North Bay Village	Authorized		
Person	FL, 33141	Person		
Other	Other	Other		Other
Manager	Name:	Manager	Name:	
Member	Address:	Member		
Authorized		Authorized		
Person		Person		
Other	Other	Other		Other
				∑ ₩ <u>-</u>
_]Manager	Name:	Manager	Name:	9 JU
Me mber	Address:	Member	Address:	
Authorized		Authorized		P C
Person		Person		1 to
Other	Other	Other		Other

Typed or printed name of signee

State of New York Department of State } ss:

I hereby certify, that M&A ARCHER DEVELOPMENT, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 06/26/2018, and that the Limited Liability Company is existing so far as shown by the records of the Department.



Witness my hand and the official seal of the Department of State at the City of Albany, this 16th day of May two thousand and nineteen.

Whitney Clark

Deputy Secretary of State

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