

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : JFS CONSULTING SERVICES LLC
 Account Number : I20220000092
 Phone : (786)440-5553
 Fax Number : (786)279-5272

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

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
M.B.A.D Group LLC

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

2022 SEP 16 AM 8:55

22 SEP 16 PM 12:35
 FILED
 TALLAHASSEE, FLORIDA

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Corporate Filing Menu

Help

**Electronic Articles of Organization
For
Florida Limited Liability Company**

Article I

The name of the Limited Liability Company is:

M.B.A.D Group LLC

Article II

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

2627 NE 203RD ST
SUITE 218
AVENTURA, FL. UN 33180

The mailing address of the Limited Liability Company is:

2627 NE 203RD ST
SUITE 218
AVENTURA, FL. UN 33180

Article III

Other provisions, if any:

ANY AND ALL LAWFUL BUSINESS

Article IV

The name and Florida street address of the registered agent is:

JFS CONSULTING SERVICES LLC
2627 NE 203RD ST
SUITE 218
AVENTURA, FL. 33180

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.

Registered Agent Signature: JORGE SCHNEIDER

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TALLAHASSEE, FLORIDA

Article V

The name and address of person(s) authorized to manage LLC:

Title: MGR
MATTHEW LEIBOVICH
2627 NE 203RD ST - SUITE 218
AVENTURA, FL. 33180 UN

Article VI

The effective date for this Limited Liability Company shall be:

09/15/2022

Signature of member or an authorized representative

Electronic Signature: Matthew Leibovich

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA