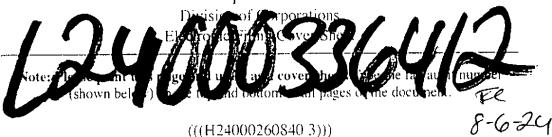
From: <14092046621 (Weeky Solutions)

Florida Department of State





H240002608403ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Number : (850)617-6381

From:

Account Name : WEEXY SOLUTIONS LLC

Account Number : I20240000023 : (407)818-3682 Phone Fax Number : (409)204-6621

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

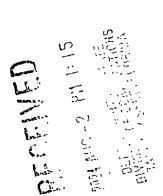
Email	Address:			
Email	Address:			

FLORIDA LIMITED LIABILITY CO.

M. Miraculous Group LLC

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





(·)

COVER LETTER

SUBJECT	M. Miraculous (Group LLC				_		
	Name of Limited Liability Company							
The enclos	sed Articles of Organ	nization and fee(s) are	: submitte	d for filing.				
Please retu	irn all correspondenc	ce concerning this ma	tter to the	tollowing:				
	MARCUS SEGNI	NI						
			Name o	f Person	A.I.			
	PS KIS LLC							
			Firm/C	ompany		- (A) - (A) - (B)	2024	
	5401 S KIRKMAN	S RD STE 560				- 1	2024 AUG -2	
			Add	ress	,	77.23	-2	r,
	ORLANDO, FL 3	2819				OF TO	PH	1. Cr.)
	CONTACT@KISC		ty/State a	nd Z;p Code		FL	PH 1: 25	•
			for future	annual report notificati	on}	117	_0,	
For funher i	information concerni	ng this matter, please	call:					
	CAROLINA PINT	() 40 at (7	4272919				
	Name of P			Daytime Telephon	e Number	-		
Enclosed i	s a check for the fall	owner amount:						
) Filing Fee - 🗀 S	130.00 Filing Fee & status	Certif	55.00 Filing Fee & led Copy nal copy is enclosed)	□\$160.00 Certificate Certified C (additional c	of Status Jopy	3s.	
	Mailing Add New Filing S Division of C P.O. Box 63 Tallahassee.	ection Forporations 27		Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Stree Tallahassee, Fl. 3230	nssec et. Suite 81 0			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

Aug 02, 2024 13:20 (UTC-04)

The name of the Limited Liability Company is:

M. Miraculous Group LLC

(Must contain the words "Emited 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:

13192 LOWER HARDEN AVE Orlando, FL 32827 13192 LOWER HARDEN AVE Orlando, FL 32827

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 husiness entity with an active Florida registration).

The name and the Florida street address of the registered agent are.

	Name	
5401 S KIRKMAN	RD STE 560	
Florida street addres	ss (P.O. Box <u>NOT</u> ac	eceptable)
ORLANDO	Fl.	32819

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 difficult am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.

Marcus Segnine
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ADTICLE IV.				
	A ES'	r17'	1 12	137

The name and address of each person authorized to irrinage and control the Limited Liability Company:

From: → 14092046621 (Weeky Solutions)

Title:	Name and Address:
"AMBR" – Authorized Member "MGR" = Manager AMBR	WALTER L DALLA BERNARDINA 13192 LOWER HARDEN AVE - Orlando, FL 32827
	13132 EDWER HARDEN AYE : ORIGINO, F. 32027
-	
(Use attachment if necessary)	
(If an effective date is listed, the date must be spec the date of filing.)	f filing:
the document's effective date on the Department of	
ARTICLE VI: Other provisions, if any.	2024 SEC
REQUIRED SIGNATURE:	100 -2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Signature of a mem This document is executer I am aware that any false in	ther Bernardina Properties of a member. The properties of a member
WALTER I, DALL	A BERNARDINA Typed or printed name of signee