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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Dunning Fakh Nama)
(Business Entity Name)
(Document Number)
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Special instructions to rining Officer.

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Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 1/17/2025	_				
ENTITY NAME M.A.K	CONSTRUCTION LLC			**WA	LK IN**
				2025	
DOCUMENT NUMBER				:::	4
	PLEASE FILE THE ATTA	ACHED AND RETURN		17	
XXX	Plain Copy Certified Copy		· · · ·	<u>∵47</u>	
	Certificate of Status				
	Certified Copy of Arts & Ame Certificate of Good Standing	ndments			
	**APOSTILLE' / NOTARI	IAL CERTIFICATION"	**		
COUNTRY OF DESTINA					
NUMBER OF CERTIFICA	ATES REQUESTED		· · · · · · · · · · · · · · · · · · ·		
TOTAL OWED \$125	.00	ACCOUNT #: 12	_		
Please call Tina at	the above number for any iss	SA ? Sues or concerns. 7		much!	

P.O. Box 6327 Tallahassee, FL 32314

COVER LETTER TO: **New Filing Section Division of Corporations** M.A.K. Construction and Developments, SUBJECT: LLC Name of Limited Liability Company The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Gryska Sotolongo Name of Person Thomas G. Sherman, P.A. Firm/Company 90 Almeria Avenue Address Coral Gables, FL 33134 City/State and Zip Code Lucaskapala7@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 448-5898 Ext. 204 Gryska Sotolongo Daytime Telephone Number Name of Person Area Code Enclosed is a check for the following amount: □\$160.00 Filing Fee. ≡\$125.00 Filing Fee □\$130.00 Filing Fee & □\$155,00 Filing Fee & Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address Street Address New Filing Section New Filing Section Division The Centre of Tallahassee Division of Corporations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

N	I.A.K. Construction and Develo	pments LLC	-	
(Mu	st contain the words "Limited L	iability Company,	"L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and s	treet address of the principal of	fice of the Limited	Liability Company is:	
<u>P</u>	rincipal Office Address:		Mailing Address:	
6623 SW 53rd Terrace		662	6623 SW 53rd Terrace	
6623 SW 53rd	Terrace	002.	, on Dia reliace	
Miami, FL 33 ARTICLE III - Register. (The Limited Liability Coanother business entity w	ed Agent, Registered Office, & appany cannot serve as its own than active Florida registration	Registered Agent. (1.)	mi, FL 33155	
Miami, FL 33 ARTICLE III - Register. (The Limited Liability Coanother business entity w	ed Agent, Registered Office, & appany cannot serve as its own than active Florida registration street address of the registered	Registered Agent. Agent are:	ni, FL 33155 nt's Signature:	
Miami, FL 33 ARTICLE III - Register. (The Limited Liability Coanother business entity w	ed Agent, Registered Office, & appany cannot serve as its own than active Florida registration	Registered Agent. Agent are:	ni, FL 33155 nt's Signature:	
Miami, FL 33 ARTICLE III - Register. (The Limited Liability Coanother business entity w	ed Agent, Registered Office, & appany cannot serve as its own than active Florida registration street address of the registered	Registered Agent. (1) agent are:	ni, FL 33155 nt's Signature:	
Miami, FL 33 ARTICLE III - Register. (The Limited Liability Coanother business entity w	ed Agent, Registered Office, & appany cannot serve as its own than active Florida registration street address of the registered Thomas G. Sherman,	Registered Agent. Agent are: P.A. Name	mi, FL 33155 M's Signature: You must designate an individual or	
Miami, FL 33 ARTICLE III - Register. (The Limited Liability Coanother business entity w	ed Agent, Registered Office, & mpany cannot serve as its own than active Florida registration street address of the registered Thomas G. Sherman, 90 Almeria Avenue	Registered Agent. Agent are: P.A. Name	mi, FL 33155 M's Signature: You must designate an individual or	

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

— Docusioned by: Thomas G. Sherman Registered Agent's Signature (KEQUIKED)

(CONTINUED)

ARTICLE IV-

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

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager <u>MGR</u>	Lucas J. Kapala 6623 SW 53rd Terrace, Miami, FL 33155,
(Use attachment if necessary)	
f an effective date is listed, the date must be spe te date of filing.)	of filing:
RTICLE VI: Other provisions, if any.	
REOUIRED SIGNATURE:	Signed by: Lucas J. Eapala
This document is execut I am aware that any false	ember or an authorized representative of a member. ted in accordance with section 605.0203 (1) (b), Florida Statutes, e information submitted in a document to the Department of State e felony as provided for in s.817.155, F.S.
Lucas J. Kapala. I	

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)