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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

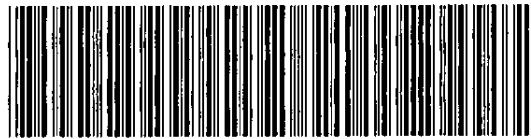
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
10 MAY 21 PM 1:41
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

B. KOHR

MAY 24 2010

EXAMINER

10 MAY 21 AM 8:13
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

CORP DIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

RECEIVED
OFFICE OF STATE
CLERK OF COMMERCE
10 MAY 21 AM 8:13

CONTACT: ASHLEY SMITH

DATE: 05/21/2010

REF. #: 001886.125379

CORP. NAME: M2 REINCO II LLC

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 535026 FOR \$ 125.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | |
|--|---|
| <input type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING |
| <input type="checkbox"/> CERTIFICATE OF STATUS | |

PLAIN STAMPED COPY

Examiner's Initials

ARTICLES OF ORGANIZATION

OF

M2 ReInc II, LLC

RECEIVED BY THE
DIVISION OF CORPORATIONS
10 MAY 21 AM 8:13

The undersigned, acting as the organizing member of M2 ReInc II, LLC, under the Florida Limited Liability Company Act, Chapter 608, Florida Statutes, adopts, the following Articles of Organization for the limited liability company.

ARTICLE I

Name

The name of the limited liability company is M2 REINC II, LLC (the "Company").

ARTICLE II

Principal Office and Mailing Address

The mailing address and street address of the principal office of the Company is 380 E. State Road 434, Suite 109, Altamonte Springs, Florida 32714.

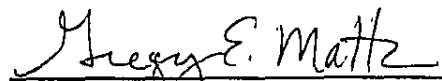
ARTICLE III

Registered Agent, Office & Registered Agent's Signature

The name and address of the registered agent shall be:

Gregory E. Matton, P.A.
3812 Coconut Palm Drive, Suite 200
Tampa, Florida 33619

Having been named as the registered agent and to accept service of process for the above stated 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 608, Florida Statutes.

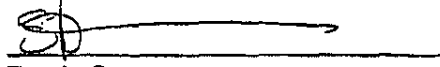

Gregory E. Matton, P.A.

ARTICLE IV
Organizing Member

The name and address of the authorized representative of the company executing these Articles of Organization is as follows:

Mr. Randy Oveson
380 E. State Road 434, Suite 109
Altamonte Springs, Florida 32714

IN WITNESS WHEREOF the undersigned Authorized Representative has executed these Articles of Organization as of the 20 day of May, 2010.



Randy Oveson