

L17000033187

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

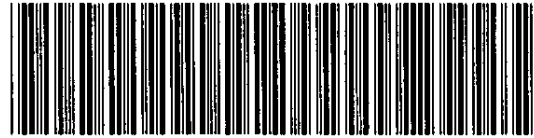
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 15 2017
K. Brumbley

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 12330 E. Tamiami Trail Holdings, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Christopher A. Roche
Name of Person

Law Office of Christopher A. Roche
Firm/Company

229 N. Collier Boulevard
Address

Marco Island, FL 34145
City/State and Zip Code

croche@marcolawoffice.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christopher A. Roche at (239) 389-0700
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---------------------------------------|--|---|
| <input checked="" type="checkbox"/> \$125.00 | <input type="checkbox"/> \$130.00 | <input type="checkbox"/> \$155.00 | <input type="checkbox"/> \$160.00 |
| Filing Fee | Filing Fee &
Certificate of Status | Filing Fee &
Certified Copy
(additional copy
is enclosed) | Filing Fee, Certificate
of Status & Certified
Copy (additional copy
is enclosed) |

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Street/Courier Address:
Registration Section
Division fo Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

ARTICLE IV -

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address

MGR

M Holdings, LLC
229 N. Collier Boulevard
Marco Island, FL 34145

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing 2-10-17

(OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.
(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of the document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any 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.)

Christopher A. Roche

Typed or printed name of signee

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)