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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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05/17/20 PM 3:09

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MJM

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: M.M.M L.L.C.

(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:

SHIRLEY SCHOENBERGER

(Name of Person)

M.M.M L.L.C.

(Firm/Company)

873 GRAND REGENCY POINTE, APT 102

(Address)

ALTAMONTE SPRINGS, FL. 32714

(City/State and Zip Code)

For further information concerning this matter, please call:

Antonio Muffi

(Name of Person)

at (407)

321 695 4252

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

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

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

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

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05 MAR 23 PM 3:09
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

M.M.M. L.L.C.

ARTICLE II - Address:

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

Principal Office Address:

Shirley Schoenberger c/o MMM LLC

873 Grand Regency Pointe # 102

Altamonte Springs, FL 32714

Mailing Address:

Shirley Schoenberger c/o MMM LLC

873 Grand Regency Pointe # 102

Altamonte Springs, FL 32714

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Shirley Schoenberger

Name

873 Grand Regency Pointe apt 102

Florida street address (P.O. Box **NOT** acceptable)

Altamonte Springs FL 32714

FL

City, State, and Zip

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 as provided for in Chapter 608, F.S..

Shirley Schoenberger

Registered Agent's Signature

(CONTINUED)

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05 MAR 23 PM 3:09
TAMPA, FLORIDA

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

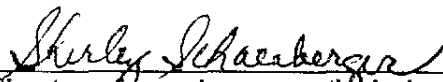
SEE ATTACHMENT Members

_____	_____
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(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Shirley Schoenberger

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)

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05/17/20 PM 3:10
FLA. DA

M.M.M. L.L.C.

ARTICLE IV –MGR = Manager(s) or MGRM = Managing Member (s)

MGR Antonio & Irene Muffi
8941 Lake Mabel Dr.
Orlando, Fl. 32836

MGRM Dora F. Muffi
7409 Megan Elissa Ln.
Orlando, Fl. 32819

MGRM Peter Nunez
6257 Dowdy Ct.
Orlando, Fl. 32819

MGR Shirley Schoenberger
873 Grand Regency Pointe #102
Altamonte Sp., Fl, 32714

MGRM John Shankey
972 Beach Breeze Dr.
Orlando, Fl. 32835

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CLERK OF COURT