

# LO3000036067

Florida Department of State

Division of Corporations

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## To:

Division of Corporations

Fax Number : (850) 205-0383

## From:

Account Name : JOSEPH M. BALOCCO, P.A.

Account Number : I20000000147

Phone : (954) 764-0005

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## LIMITED LIABILITY COMPANY

M and M Retirement, LLC

Certificate of Status	1
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**ARTICLES OF ORGANIZATION  
OF  
M AND M RETIREMENT, LLC**

**ARTICLE I - NAME:**

The name of the Limited Liability Company is: M and M Retirement, LLC

**ARTICLE II - ADDRESS:**

The mailing address and the street address of the principal office of the Limited Liability Company is 1600 W Oakland Park Boulevard, Fort Lauderdale, FL 33311.

**ARTICLE III - DURATION:**

The period of duration for the Limited Liability Company shall be perpetual.

**ARTICLE IV - MANAGEMENT:**

The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

Name

Address

Michael Fawley      1600 W Oakland Park Boulevard, Fort Lauderdale, FL 33311

Michael Gai      1600 W Oakland Park Boulevard, Fort Lauderdale, FL 33311

**ARTICLE V - ADMISSION OF ADDITIONAL MEMBERS:**

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be conditioned upon the unanimous consent of the members.

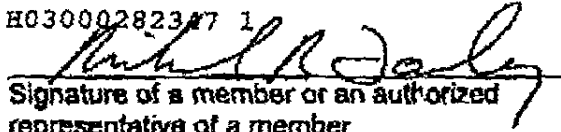
**ARTICLE VI - MEMBERS' RIGHTS TO CONTINUE BUSINESS**

The right, if given, of the remaining members of the Limited Liability Company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be conditioned upon the unanimous consent of the remaining members.

IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledged them to be my act this 22 day of September, 2003.

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Signature of a member or an authorized  
representative of a member

(In accordance with section 608.108(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

MICHAEL FAWLEY  
Typed or printed name of signer

### **CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: M and M Retirement, LLC
2. The name and the Florida street address of the registered agent are:

Michael Fawley  
1600 W Oakland Park Boulevard  
Fort Lauderdale, FL 33311

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.

  
Signature

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