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STATE  
TALLAHASSEE FLORIDA

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** M & M Professional Enterprises, 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:

Terry James Willis

(Name of Person)

(Firm/Company)

6803  
9803 Santa Clara Boulevard

(Address)

Fort Pierce, Florida 34951

(City/State and Zip Code)

For further information concerning this matter, please call:

Terry James Willis

(Name of Person)

at ( 772 ) 528-1426

(Area Code & Daytime Telephone Number)

**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

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

M & M Professional Enterprises, 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:**

6803  
3803 Santa Clara Boulevard  
Fort Pierce, Florida 34951

**Mailing Address:**

6803  
3803 Santa Clara Boulevard  
Fort Pierce, Florida 34951

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

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

Terry James Willis

Name

6803  
3803 Santa Clara Boulevard

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

Fort Pierce, FL 34951

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.*

Terry James Willis  
Registered Agent's Signature

(CONTINUED)

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TALLAHASSEE FLORIDA

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

"MGRM" = Managing Member

**Terry James Willis**

~~8803~~ Santa Clara Boulevard  
Fort Pierce, Florida 34951

**Terry James Willis**

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

Terry James Wilber  
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.)

Terry James Willis

Typed or printed name of signee

**\$100.00 Filing Fee for Articles of Organization**  
**\$ 25.00 Designation of Registered Agent**  
**\$ 30.00 Certified Copy (Optional)**  
**\$ 5.00 Certificate of Status (Optional)**