

LD3000053936

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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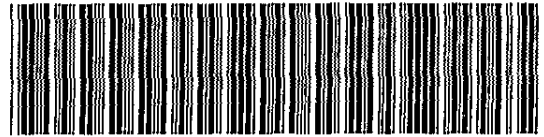
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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LD3-53936
OK



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

December 9, 2003

HAROLD MCCARTY
3501-B N. PONCE DE LEON BLVD.
PMB #349
ST. AUGUSTINE, FL 32084

SUBJECT: M AND M SALES-SERVICE, L.L.C.
Ref. Number: W03000037244

We have received your document for M AND M SALES-SERVICE, L.L.C. and your check(s) totaling \$135.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 003A0006616

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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November 26, 2003

ATTN: Registration Section / Division of Corporations

Company Owner: Harold O. McCarty
M and M Sales-Service
PMB # 349
3501-B N. Ponce De Leon Blvd.
St. Augustine, FL 32084

Daytime Telephone: 904-825-8381

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: M AND M SALES-SERVICE, LLC
(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:

HAROLD O. MC CARTY
(Name of Person)

M AND M SALES-SERVICE
(Firm/Company)

PMB#349 3501-B N. PONCE DE LEON BLVD.
(Address)

ST. AUGUSTINE, FL 32084
(City/State and Zip Code)

For further information concerning this matter, please call:

HAROLD O. MC CARTY at (904) 825-8381
(Name of Person) (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

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TALLAHASSEE, FLORIDA

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

MAND M SALES-SERVICE, LLC

ARTICLE II - Address:

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

Principal Office Address:

2570 JOE ASHTON ROAD
ST. AUGUSTINE, FL 32092

Mailing Address:

PMB # 349
3501-B N. PONCE DE LEON BLVD.
ST. AUGUSTINE, FL 32084

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

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

HAROLD MC CARTY
Name

2570 JOE ASHTON ROAD
Florida street address (P.O. Box **NOT** acceptable)

ST. AUGUSTINE, FLORIDA 32092
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, Florida Statutes..

Harold Mc Carty
Registered Agent's Signature

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TALLAHASSEE, FLORIDA

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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:

_____	_____
_____	_____
_____	_____
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(Use attachment if necessary)

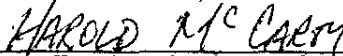
NOTE: An additional article must be added if an effective date is requested.

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.)



Typed or printed name of signee

Filing Fees:

\$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)

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TALLAHASSEE, FLORIDA

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