

6040000001811

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

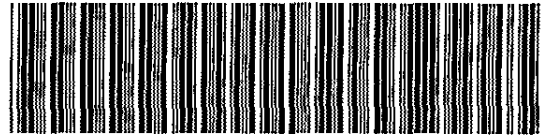
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01/02/04--01007--006 **125.00

MEMO

1. Introduction

03 DEC 31 AM 10:51

[Illegible handwritten notes]

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MPM Enterprises, 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:

Mark P. Monell

(Name of Person)

MPM Enterprises, LLC

(Firm/Company)

P. O. Box 50555, Jax Beach, Florida 32240-0555

(Address)

(City, State and Zip Code)

For further information concerning this matter, please call:

Mark P. Monell

(Name of Person)

at (904) 993-9568

(Area Code & Daytime Telephone Number)

Enclosed please find two original Articles of Organization. Please file these Articles as appropriate. Then, please file stamp the other original and return it to me. Thank you very much for your help in this matter.

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:

MPM Enterprises, LLC

ARTICLE II - Address:

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

Principal Office Address:

4333 Queensway Dr.

Jacksonville, FL 32257

Mailing Address:

P. O. Box 50555

Jax Beach, FL 32240-0555

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

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

Mark P. Monell

Name

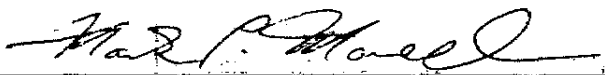
4333 Queensway Dr.

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

Jacksonville FLORIDA 32257

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..



Registered Agent's Signature
Mark P. Monell

FILED
03 DEC 31 AM 10:51
CLERK OF DISTRICT COURT
TALLAHASSEE 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:

MGRM

Mark P. Monell

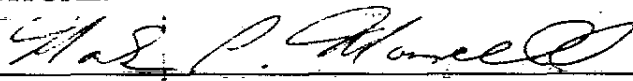
P. O. Box 50555

Jax Beach, FL 32240-0555

(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.

Mark P. Monell

(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.)

Mark P. Monell

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)