

L04000008108

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

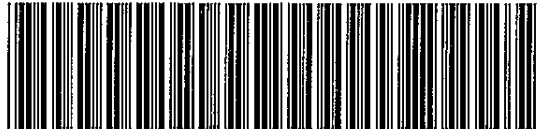
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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01/29/04--01061--007 **130.00

RECEIVED
04 JAN 29 PM 1:46
DIVISION OF CORPORATION

FILED
04 JAN 29 PM 6:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ATTORNEYS' TITLE

Requestor's Name

1965 Capital Circle NE, Suite A

Address

Tallahassee, FL 32308

850-222-2785

City/St/Zip

Phone #

FILED
JUN 29 PM 6:09
TALLAHASSEE, FLORIDA
1965 CAPITAL CIRCLE NE, SUITE A
TALLAHASSEE, FLORIDA 32308

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

- 1- _____
- 2- M& M FUNDING, LLC
- 3- _____
- 4- _____

☒ Walk-in ☐ Pick-up time ASAP ☐ Certified Copy
☐ Mail-out ☐ Will wait ☐ Photocopy ☒ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

**ARTICLES OF ORGANIZATION
OF
M&M FUNDING, LLC**

FILED
04 JAN 29 PM 8:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, *F.S. Chapter 608*, hereby make, acknowledge, and file the following Articles of Organization.

ARTICLE I -- NAME

The name of the limited liability company shall be M&M Funding, LLC ("Company").

ARTICLE II -- ADDRESS

The mailing address and street address of the principal office of the company are as follows:

Mailing Address

690 Northeast 23rd Avenue, Suite A
Gainesville, Florida 32609

Street Address

690 Northeast 23rd Avenue, Suite A
Gainesville, Florida 32609

ARTICLE III -- DURATION

The company's existence shall be perpetual or until the company is dissolved earlier as provided in these Articles of Organization or in the Regulations.


**ARTICLE IV -- REGISTERED AGENT, REGISTERED OFFICE AND
RESIDENT AGENT'S SIGNATURE**

The name and street address of the registered agent of the company in the State of Florida is as follows:

John Crawford
690 Northeast 23rd Avenue
Gainesville, Florida 32609

*Having been named as the 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 of registered agent as provided in F.S. Chapter 608.


John Crawford, Registered Agent

ARTICLE V -- MANAGEMENT

The company shall be managed by the members in accordance with Regulations adopted or to be adopted by the members for the management of the business and affairs of the company.

ARTICLE VI -- EFFECTIVE DATE

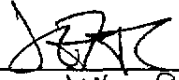
The effective date for the commencement of this Limited Liability Company shall be the date of execution of these Articles of Organization.


ARTICLE VII -- ELECTION

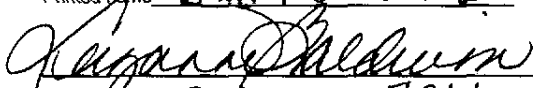
The members of this Limited Liability Company accept the default tax classification as a partnership unless otherwise agreed to in writing.

IN WITNESS WHEREOF, the undersigned organizer has made and subscribed these Articles of Organization at Gainesville, Florida, on this 28 day of January, 2004.

Signed, sealed and delivered
in our presence as witnesses:


Printed name JOHN ROSEOW IV


John Crawford


Printed name Suzanne Baldwin

STATE OF FLORIDA
COUNTY OF ALACHUA

SWORN TO and subscribed before me this 28th day of January, 2004, by JOHN CRAWFORD, ☒ is personally known to me or ☐ has produced _____ as identification.


Notary Public, State of Florida

