

W40000215149

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

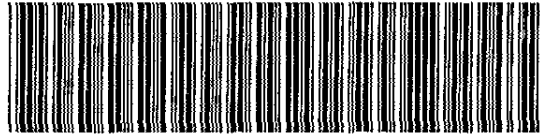
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

2/14 PLLC

Office Use Only



800028740818

02/16/04--01060--017 **125.00

MJH

FILED
04 FEB 15 PM 6:01
TALLAHASSEE, FLORIDA

2/13/04

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: M & D 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:

VICTORIA JOHNSON
(Name of Person)

(Firm/Company)

212 COLONY WAY WEST
(Address)

JUPITER, FL 33458
(City/State and Zip Code)

For further information concerning this matter, please call:

VICTORIA JOHNSON at (561) 719 2154
(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

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

M & D 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:

212 COLONY WAY W.
JUPITER, FL 33458

Mailing Address:

same

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

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

VICTORIA JOHNSON
Name

212 COLONY WAY W.
Florida street address (P.O. Box **NOT** acceptable)

JUPITER, FL 33458
FLORIDA
City, State, and Zip

FILED
04 FEB 16 PM 6:01
CLERK OF COURT
TALLAHASSEE FLORIDA

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..

Victoria Johnson
Registered Agent's Signature

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:

MGR

Victoria Johnson
212 Colony Way N.
Jupiter, FL 33458

MGRM

Dorothy Gordon
2784 S. Ocean Blvd #505N
Palm Beach, FL 33480

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Victoria Johnson

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.)

Victoria Johnson

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)