

L04000041004

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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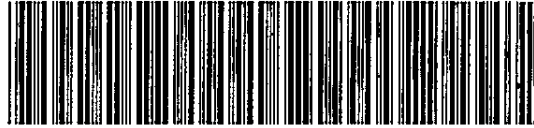
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS

2006/01/04

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**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MFAAM Properties  
(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:

Debi V. McRae  
(Name of Person)

MFAAM Properties  
(Firm/Company)

514 Orange Drive, #23  
(Address)

Altamonte Springs, FL 32701  
(City/State and Zip Code)

W04-17144  
04 MAY 28 PM 12:43  
FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

For further information concerning this matter, please call:

Debi V. McRae at 407, 260-0973  
(Name of Person) (Area Code & Daytime Telephone Number)

or  
(321) 231-9980

**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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

May 4, 2004

DEBI V. MCRAE  
MFAA PROPERTIES  
514 ORANGE DRIVE, #23  
ALTAMONTE SPRINGS, FL 32701

SUBJECT: MFAAAM PROPERTIES  
Ref. Number: W04000017144

04 MAY 28 PM 12:43  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

We have received your document for MFAAAM PROPERTIES and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

The registered agent must sign accepting the designation.

Please find enclosed a copy of our Articles of Organization form.

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) 245-6958.

Lee Rivers  
Document Specialist

Letter Number: 004A00030395

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MFAAAM Properties, 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:

Debi V. McRae  
(Name of Person)

MFAAAM Properties, LLC  
(Firm/Company)

514 Orange Drive, #23  
(Address)

Altamonte Springs, FL 32701  
(City/State and Zip Code)

04 MAY 28 PM 12:43

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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(Name of Person) (Area Code & Daytime Telephone Number)

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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:

MFAAAM Properties, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

514 Orange Dr., #23  
Altamonte Springs, FL 32701

**Mailing Address:**

514 Orange Dr., #23  
Altamonte Springs, FL 32701

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

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

Debi V. McPhee  
Name

514 Orange Dr., #23  
Florida street address (P.O. Box NOT acceptable)

Altamonte Springs FLORIDA 32701  
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..*

Debi V. McPhee  
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:**

MGRM

Daniel D. McRae  
514 Orange Dr., #23  
Altamonte Springs, FL 32701

MGRM

Debi V. McRae  
514 Orange Dr., #23  
Altamonte Springs, FL 32701

(Use attachment if necessary)

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DIVISION OF CORPORATIONS  
04 MAY 28 PM 12:43

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

**REQUIRED SIGNATURE:**

Debi V. McRae  
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.)

Debi V. McRae  
Typed or printed name of signer

**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)