

W4 000052899

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

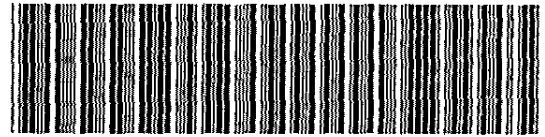
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/13/04--01040--005 **160.00

FILED
JUL 15 2004
TALLAHASSEE, FLORIDA

W4-52899
OK

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: M & M Marketing 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:

Miguel A. Sainz

(Name of Person)

(Firm/Company)

P.O. Box 562636

(Address)

Pinecrest, Florida 33256-2636

(City/State and Zip Code)

For further information concerning this matter, please call:

Miguel A. Sainz

(Name of Person)

at

(305)

389-4848

(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

STATE OF FLORIDA
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:

M & M Marketing LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

P.O. Box 562636

P.O. Box 562636

Pinecrest, Florida 33256-2636

Pinecrest, Florida 33256-2636

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

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

Miguel A. Sainz

Name

6550 SW 100 Street

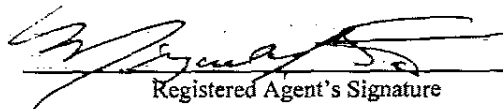
Florida street address (P.O. Box **NOT** acceptable)

Pinecrest

FLORIDA 33156

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

CLERK OF STATE
TALLAHASSEE, FLORIDA

04 JUL 12 PM 1:45

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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:

MGR

Miguel A. Sainz

P.O. Box 562636

Pincrest, Florida 33256-2636

MGR

Margarita Elordi

9520 SW 79th Avenue

Miami, Florida 33156

(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.)

Miguel A. Sainz

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)

FILED
04 JUN 12 09 14
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA