## W4000057722

(Requestor's Name)
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(Address)
(City/State/Zip/Phone #)
, , , ,
PICK-UP WAIT MAIL
(Business Entity Name)
(De summer Muse hand
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:
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## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations			
SUBJECT: M19/Ford 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:			
Frank Bruno (Name of Person)			
(Name of Person)			
	_		
(Firm/Company)			
940 Sweetnater Lane #40	/_		
Boca Raton, Florida 33431			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
Frank Bulyno at 561, 392-5327			
(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:

ARTICLE II - Address: The mailing address and street address of the princip	al office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
940 Sweetnaker Lave	940 Sweetvates Lave
#401	#401
Boca Raton, Florida 33431	Boca Rator, Florida 33
ARTICLE III - Registered Agent, Registered Offi The name and the Florida street address of the register	· •
Law Office of La	uncuce M. Western PA
6877 SW 1875 S7 Florida street address (P.O. Box	real #141 \$ 5 T
Boca Ratoa, City, State, and Zi	2011 <del></del>
Having been named as registered agent and to accept service of company at the place designated in this certificate, I hereby acagree to act in this capacity. I further agree to comply with the and complete performance of my duties, and I am familiar with	of process for the above stated limited liability scept the appointment as registered agent and provisions of all statutes relating to the proper h and accept the obligations of my position as
registered agent af provided for in Chapte  Color Registered Agent's Sign	ly
Registered Agent's Sign	aune

Page 1 of 2 (CONTINUED)

Title: "MGR" = Manager	Name and Address:
"MGRM" = Managing Member $\mathcal{M} \mathcal{C} \mathcal{R}$	Frank Bryno 940 Sweetnates Lana, #49 Boca Raton, Florida 5343
	Boca Raton, Florida 5343
<u>.</u>	
(Use attachment if necessary)	
NOTE: An additional article must be	e added if an effective date is requested.
REQUIRED SIGNATURE:	3.m
Signature of a member or an	authorized representative of a member.
of this document constitutes an that the facts stated herein are to	
Frank B	ICUND

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)