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FEDERAL BUREAU OF INVESTIGATION

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: M2SN GROUP L.L.C.
(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:

NANCI DONNELLAN
(Name of Person)

M2SN GROUP
(Firm/Company)

4781 BAYWOOD PT. DR. S.
(Address)

GULFPORT, FLA. 33711
(City/State and Zip Code)

For further information concerning this matter, please call:

NANCI DONNELLAN at (727) 480-5760
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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:

M2SN GROUP LLC

ARTICLE II - Address:

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

Principal Office Address:

4781 BAYWOOD PT. DR. S.
GULFPORT, FL. 33711

Mailing Address:

4781 BAYWOOD PT.DR. S.
GULFPORT, FLA. 33711

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

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

NANCI DONNELLAN

Name

4781 BAYWOOD PT. DR. S

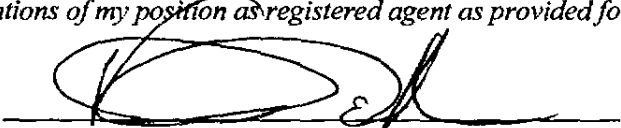
Florida street address (P.O. Box **NOT** acceptable)

GULFPORT, FL 33711

FL

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, F.S..


Registered Agent's Signature

(CONTINUED)

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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:

MGRM

NANCI DONNELLAN
4781 BAYWOOD PT. DR. S.
GULFPORT, FL. 33711

MGRM

MARTA WOODHEAD
4758 BAYWOOD PT.DR. S.
GULFPORT, FL 33711

MGRM

SUSAN HORVATH
464 PLEASANT LAKE AVE
HARWICH, MASS 02645

(Use attachment if necessary)

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

*Article V: Attached - effective
Date 1/3/2005*

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.)

NANCI DONNELLAN

Typed or printed name of signee

Filing Fees:

**\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent**
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

ARTICLE V: EFFECTIVE DATE JAN. 2, 2005