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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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FBI

T. Brumbley APR 21 2005

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: m & m Restoration  
(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:

Manuel Godinez  
(Name of Person)

m & m Restoration  
(Firm/Company)

1626 Pinehurst Dr.  
(Address)

Casselberry Fl. 32707  
(City/State and Zip Code)

For further information concerning this matter, please call:

Manuel Godinez at (407) 702-7761  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee & Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy<br>(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

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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

April 12, 2005

MANUEL GODINEZ  
M&M RESTORATION  
1626 PINEHURST DR.  
CASSELBERRY, FL 32707

SUBJECT: M&M RESTORATION  
Ref. Number: W05000018425

We have received your document for M&M RESTORATION and your check(s) totaling \$130.00. 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."

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) 245-6025.

Trevor Brumbley  
Document Specialist

Letter Number: 305A00024856

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FLORIDA

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

M & M Restoration 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:**

**Mailing Address:**

11626 Pinehurst Dr.  
Casselberry Fl.  
32707

same: 11626 Pinehurst Dr.  
Casselberry Fl. 32707

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

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

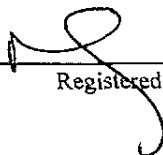
Manuel Godinez  
Name

11626 Pinehurst Dr.  
Florida street address (P.O. Box **NOT** acceptable)

Casselberry, FL, 32707  
City, State, and Zip

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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, F.S..*

  
Registered Agent's Signature

(CONTINUED)

**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

Manuel Godinez  
11026 Pinehurst Dr.  
Casselberry Fl. 32707

MGRM

Missy Godinez  
11026 Pinehurst Dr.  
Casselberry Fl. 32707

MGRM

John Hunter Godinez  
11026 Pinehurst Dr.  
Casselberry Fl. 32707

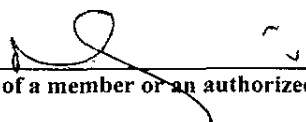
MGRM

Jacob Logan Godinez  
11026 Pinehurst Dr.  
Casselberry Fl. 32707

(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.)

Manuel Godinez

Typed or printed name of signee

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STATE OF FLORIDA  
TALLAHASSEE

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**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)