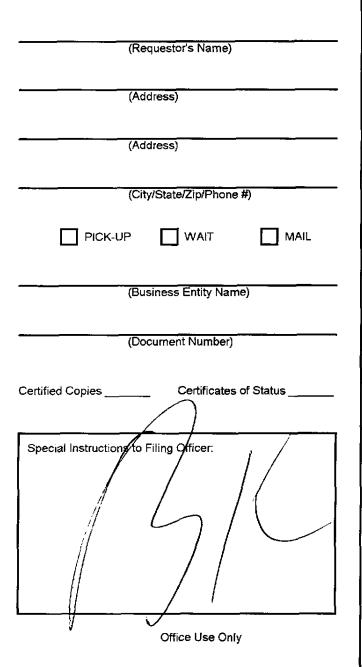
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C T CORPORATION SYSTEM		
Requestor's Name 660 East Jefferson Stree	et	A
Address Tallahassee, FL 32301 City State Zip  CORPORATION	(850)222-1092 Phone ON(S) NAME	
M.	Manage 111 C	
	nt Management L.L.C.	
() Profit () NonProfit () Limited Liability Compan	() Amendment	() Merger
() Foreign	() Dissolution/Withdrawa	l () Mark
() Limited Partnership () Reinstatement () Limited Liability Partne	() Annual Report () Reservation ership	() Other () Change of R.A. () Fictitious Name
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Name Availability Document Examiner	5/25/05 PLEAS	E RETURN EXTRA COPY(S) FILE STAMPED THANKS CONNIE BRYAN
Updater		
Verifier Acknowledgment		
W.P. Verifler	-	
CR2E031 (1-89)		

## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	25 May 1
SUBJECT: MINT MANAGEMENT L.L.C.	CAR SON
SUBJECT: MINT MANAGEMENT L.E.C. (Name of Limited Liability	Company)
The enclosed Articles of Organization and fee(s) are submitted f Please return all correspondence concerning this matter to the fo	
THOMAS J. VICEDOMINI	•
(Name of Pe	rson)
THOMAS J. VICEDOMINI	
(Firm/Comp	any)
353 Veterans Memorial Hig	
Commack, New York 11725 (City/State and 2)	Zip Code)
For further information concerning this matter, please call:	
Thomas J. Vicedomini at (63	1 543-1911  Area Code & Daytime Telephone Number)
(Name of Person) (A	rea Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
Certificate of Status Certifi	5.00 Filing Fee & S 160.00 Filing Fee, ced Copy Certificate of Status & Certified Copy (additional copy is enclosed)
STREET ADDRESS: Registration Section Division of Corporations	MAILING ADDRESS: Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

FL052 - 10/12/04 C T System Online

409 E. Gaines Street Tallahassee, Florida 32399

GANIZATION F	OR FLORIDA LIMITED LIABILITY COMPANY
	pany is:
e:	The state of the s
nited Liability Comp	pany is:
	····································
T L.L.C.	`^^ ያ
	637
ress:	
and street address of	of the principal office of the Limited Liability Company is:
idross	Mailing Address:
<del></del>	Maining Address.
<del></del>	same
York 11780	
iorida street address	of the registered agent are:
	Name
1200 Sc	outh Pine Island Road
Florida	street address (P.O. Box NOT acceptable)
Planta	ution, Florida 33324
Cit	y, State, and Zip
y at the place design d agree to act in this o the proper and com ations of my position	and to accept service of process for the above stated limited ated in this certificate, I hereby accept the appointment as capacity. I further agree to comply with the provisions of all plete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 608, F.S  Corporation System
	e: nited Liability Comp  I L.L.C.  ress: and street address of the proper and compations of my position

(CONTINUED)

Page 1 of 2

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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 (Managing Member)	PETER MASSARO
<del></del>	18 Wexford Court St. James, NY 11780
(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.)

PETER MASSARO

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)

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