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(Requestor's Name)				
(Add	ress)			
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(City/State/Zip/Phone #)				
PICK-UP	MAIT	MAIL		
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Certified Copies	Certificates	of Status		
Special Instructions to F	iling Officer:			
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M. HODGES

TRANSMITTAL LETTER

TO: Registration Section

Division of Corporations					
SUBJECT:		MRM Creations, LLC			
		(Name of Limited	l Liability Co	npany)	· · · · · · · · · · · · · · · · · · ·
The enclosed Art	icles of	Organization and fee(s) are su	ubmitted for fi	ling.	
Please return all o	corresp	ondence concerning this matte	r to the follow	ing:	
<u></u> .		Matthew R. McCroy			
		(t	lame of Person	•	
		MRM Creations, LLC			
		a	Firm/Company)		
		2409 Waneta Drive			
·			(Address)		
		Sarasota, FL 34231			
		(City/	State and Zip C	ode)	
For further inform	nation o	concerning this matter, please	call:		
Matthew R.			at (_941	922-7289	
	(Name	of Person)	(Area (Code & Daytime Te	elephone Number)
Enclosed is a ch	eck fo	r the following amount:			
3 \$125.00 Filing	g Fee	\$\forall \$130.00 Filing Fee & Certificate of Status	Certified C	Filing Fee & opy py is enclosed)	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		ET ADDRESS:		MAILING A	
Registration Section Division of Corporations		Registration Section Division of Corporations			
409 E. Gaines Street		P.O. Box 6327			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	y is:			
MRM Creations, LLC				
ARTICLE II - Address: The mailing address and street address of the	ne principal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
2409 Waneta Drive	2409 Waneta Drive			
Sarasota, FL 34231	Sarasota, FL 34231			
The name and the Florida street address of	ered Office, & Registered Agent's Signature:			
Monique M. McCroy	lame			
2409 Waneta Drive	anc			
Florida stree	et address (P.O. Box NOT acceptable)			
Sarasota, FL 34231	FL			
City, So	tate, 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)

Page 1 of 2

05 JUL 22 JU 0: C2

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	Matthew R. McCroy			
18101(18)	2409 Waneta Drive			
	Sarasota, FL 34231			
	b			
	- - - - - - - - - - 			
(Use attachment if necessary)				
NOTE: An additional article mu	st be added if an effective date is requested.			
REQUIRED SIGNATURE:				
1/2/1				
Signature of a mam	her or an authorized representative of a member.			
_				
(In accordance with of this document con that the facts stated	section 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury d herein are true.)			
Matthe	ew R. McCroy			
	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)