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Division of Corporations

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To: Division of Corporations
Fax Number : (850)205-0383

From: Account Name : LAW OFFICE OF KENT A. SKRIVAN, PLLC
Account Number : I20040000145
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DIVISION OF CORPORATIONS

LIMITED LIABILITY COMPANY

MTM Investments, L.L.C.

Certificate of Status	1
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**ARTICLES OF ORGANIZATION
OF
MTM INVESTMENTS, L.L.C.**

The undersigned acting as organizer of MTM INVESTMENTS, L.L.C., under the Florida Limited Liability Company Act, adopts the following Articles of Organization for said limited liability company.

**ARTICLE I
NAME**

The name of the limited liability company shall be MTM INVESTMENTS, L.L.C., (the "LLC").

**ARTICLE II
DURATION**

This LLC shall exist perpetually, unless dissolved according to law.

**ARTICLE III
PURPOSE**

The LLC is organized pursuant to the Florida Limited Liability Company Act for the purpose of conducting any lawful activity.

**ARTICLE IV
BUSINESS ADDRESS/MAILING ADDRESS**

The address of the place of business of the LLC shall be 801 Laurel Oak Drive, Suite 705, Naples, Florida 34108. The mailing address of the LLC shall be 1325 East Grand Avenue, Unit A, El Segundo, California 90245.

**ARTICLE V
REGISTERED AGENT**

The name and address of the LLC's initial registered agent and registered office is Kent A. Skrivan, Esq., 801 Laurel Oak Drive, Suite 705, Naples, Florida 34108.

**ARTICLE VI
DISSOLUTION, CONTINUATION**

The members shall have the right to continue the LLC upon the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or occurrence of any other event which terminates the membership of a member in the LLC.

**ARTICLE VII
MANAGEMENT**

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The L.L.C. is to be managed by a Manager. The name and address of the Initial Manager is:

Michael T. Maynes
1325 East Grand Avenue, Unit A
El Segundo, California 90245

IN WITNESS WHEREOF, the undersigned has caused these Articles of Organization to be executed this 2 day of AUGUST, 2005.

By: Michael T. Maynes
MICHAEL T. MAYNES, Member

In accordance with Section 608.408(b)(3), Florida Statutes the execution of this document constitutes an affirmation under penalties of perjury that the facts stated herein are true.

STATE OF _____)
) ss.
COUNTY OF _____)

I HEREBY CERTIFY that on this day, before me, a Notary Public duly authorized to take acknowledgments, personally appeared Michael T. Maynes known to me to be the person described in and who executed the foregoing Articles of Organization of MTM INVESTMENTS, L.L.C. Michael T. Maynes is _____ personally known to me or has produced _____ as identification.

WITNESS my hand and official seal in the County and State named above, this _____ day of _____, 2005.

Notary Public
My Commission Expires:

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

In compliance with Section 606.415, Florida Statutes, the undersigned Limited Liability Company submits the following statement in designating the registered agent/registered office, in the State of Florida:

1. The name of the Limited Liability Company is MTM INVESTMENTS, L.L.C.
2. The name and address of the registered agent and registered office is:

Kent A. Skrivan, Esq.
The Law Offices of Kent A. Skrivan, PLLC
801 Laurel Oak Drive, Suite 801
Naples, Florida 34108
(239) 597-4500

By: 
Michael T. Maynes, Organizer

ACCEPTANCE:

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 relative to the proper and complete performance of my duties and I am familiar with and accept the obligations of my position as registered agent.


Kent A. Skrivan

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CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California

County of LOS ANGELES

ss.

On AUGUST 2, 2005 before me,

S.C. FITZGERALD, NOTARY PUBLIC

personally appeared

MICHAEL T. MAYNES (ONLY)



☐ personally known to me.

☒ I proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Place Notary Seal Above

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: ARTICLES OF ORGANIZATION

Document Date: NO DATE

Number of Pages: THREE

Signer(s) Other Than Named Above: NO OTHER SIGNERS

Capacity(ies) Claimed by Signer(s)

Signer's Name: MICHAEL T. MAYNES

☒ Individual

☐ Corporate Officer — Title(s):

☐ Partner — ☐ Limited ☐ General

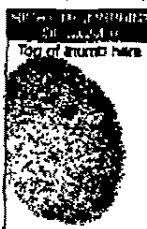
☐ Attorney in Fact

☐ Trustee

☐ Guardian or Conservator

☐ Other:

Signer Is Representing:



Signer's Name:

☐ Individual

☐ Corporate Officer — Title(s):

☐ Partner — ☐ Limited ☐ General

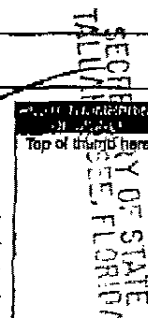
☐ Attorney in Fact

☐ Trustee

☐ Guardian or Conservator

☐ Other:

Signer Is Representing:



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