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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

(Business Entity Name)

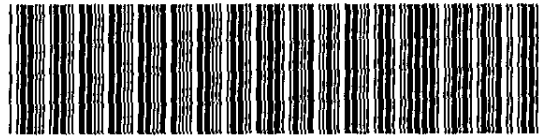
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2001-01-29

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Kimberly Mension, Esq.
Requester's Name
P.O. Box 12172
Address
Tallahassee, FL 32317 (850) 451-6680
City/State/Zip Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

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F11 ED
TALLAHASSEE, FLORIDA

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

Examiner's Initials

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

ARTICLE I - NAME

The name is of the Limited Liability Company is:

4MHCREATIONS, LLC

ARTICLE II - ADDRESS

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

Physical Address:
1602 Massachusetts Avenue
Lynn Haven, Florida 32444

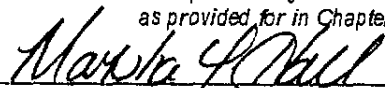
Mailing Address:
1602 Massachusetts Avenue
Lynn Haven, Florida 32444

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ARTICLE III - REGISTERED AGENT

Marsha L. Hall
1602 Massachusetts Avenue
Lynn Haven, Florida 32444

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

ARTICLE IV- Managing Member(s):

The following is the name and address of the Managing Member:

Marsha L. Hall (MGRM)
1602 Massachusetts Avenue
Lynn Haven, Florida 32444

Marsha L. Hall is hereby the registered holder of 51% Membership Interest of 4MHCREATIONS, LLC and is evidenced by a Certificate of Member Interest issued by this Limited Liability Company.

Marcus Hall (MGRM)
1602 Massachusetts Avenue
Lynn Haven, Florida 32444

Marcus Hall is hereby the registered holder of 49% Membership Interest of 4MHCREATIONS, LLC and is evidenced by a Certificate of Member Interest issued by this Limited Liability Company.

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.)

Kimberly Clark Menchion, Esq.
Typed or printed name of signature

DELMASSE, FLORIDA

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FBI