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(City/State/Zip/Phone #)

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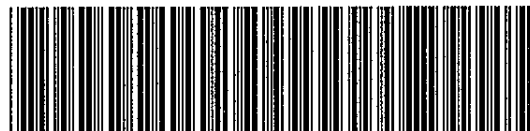
Certificates of Status \_\_\_\_\_

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06 FEB 21 PM 1:19  
TALLAHASSEE FLORIDA

M. HODGES

W06-7647

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MVM INVESTMENTS LLC  
(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:

THOMAS SMITH JR.  
(Name of Person)

THOMAS SMITH JR., ENROLLED AGENT  
(Firm/Company)

1554 BOREN DRIVE, SUITE 200  
(Address)

OCOOE, FL 34761  
(City/State and Zip Code)

For further information concerning this matter, please call:

THOMAS SMITH JR at ( 407 ) 654-2777  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee    ☒ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

# 7002  
1/28/06



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 16, 2006

THOMAS SMITH JR  
THOMAS SMITH JR  
1554 BOREN DRIVE, SUITE 200  
OCOOEE, FL 34761

SUBJECT: MVM INVESTMENTS LLC  
Ref. Number: W06000007647

We have received your document for MVM INVESTMENTS LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on February 8, 2006. Please amend your document accordingly.

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) 245-6967.

Michelle Hodges  
Document Specialist

Letter Number: 806A00011199

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

MVM INVESTMENTS LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

### ARTICLE II - Address:

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

#### Principal Office Address:

1888 VISTA ROYALE BLVD  
ORLANDO, FL 32835

#### Mailing Address:

1888 VISTA ROYALE BLVD  
ORLANDO, FL 32835

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

ROBERT D VANPAMELEN

Name

1888 VISTA ROYALE BLVD

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

ORLANDO FL 32835

City, State, and Zip

06 FEB 24 PM 1:20  
FILED  
SECRETARY OF STATE  
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 (REQUIRED)

(CONTINUED)

Page 1 of 2

**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

ROERT D. VANPAMELEN

1888 VISTA ROYALE BLVD

ORLANDO, FL 32835

\_\_\_\_\_

\_\_\_\_\_

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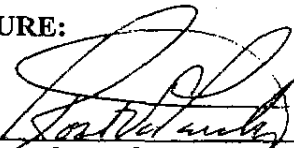
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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.)

ROBERT D VANPAMELEN

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)**