## L06000026727

(Requestor's Name)
(Address)
(Address)
(Addiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Bookinota Mullisoly
Certified Copies Certificates of Status
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## COVER LETTER

TO: Registration Sec Division of Cor				
SUBJECT: Mo	~d M Const co (Name of Limited	Liability Company)	<del></del>	
The enclosed Articles of	Organization and fee(s) are su	ubmitted for filing.		
Please return all correspond	ondence concerning this matter	r to the following:		
Micha	el Worren	Monteith Name of Person)	<i>P</i>	-
Mond	m construction	Firm/Company)		-
935	Long In	(Address)		_
crawle	Long In Conduite FL	32327 (State and Zip Code)		_
	concerning this matter, please			
(Name	of Person)	at () (Area Code & Daytime Te	elephone Number)	
Enclosed is a check for	or the following amount:			
□ \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 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 Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns AHAS	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Mand M Construction	LLC
(Must end with the words "Limited Liability Company, "Limited	d Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	
The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
93 stoney La	Soune
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	
The name and the Florida street address of the r	registered agent are:
Michael wore	
	me 3 T
93 shoney L	7 C C C
Florida street add	dress (P.O. Box NOT acceptable)
Crawlendulle City, State, a	FL 32327 P
liability company at the place designated in t registered agent and agree to act in this capacit statutes relating to the proper and complete pe	accept service of process for the above stated limited this certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and sered agent as provided for in Chapter 608, F.S.

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
Mg CM	933 forey Line FL 37
· ·	_ Crawford Ville EL 2/
	<i>p</i> ·
(Use attachment if necessary)	
LE V: Effective date, if other than the ffective date is listed, the date must be days after the date of filing.)	e date of filing: (OPTION)  ne specific and cannot be more than five business da
REQUIRED SIGNATURE:	
	er or an authorized representative of a member.
	et otwit strittolizer tebtesentative of a member 📆 🛴

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)