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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan MAY - 3 2006

Patrick C. Crowell
Attorney at Law
Certified Circuit Mediator

Patrick C. Crowell, P.A.
4853 S. Orange Ave., Suite B
Orlando, Florida 32806

Tel: 407-251-1131
Fax: 407-251-1118

April 27, 2006

VIA FEDERAL EXPRESS DELIVERY

TRANSMITTAL LETTER

To: Registration Section
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Subject: MAMS, LLC

The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:

Patrick C. Crowell, Esquire
Patrick C. Crowell, P.A.
4853 South Orange Avenue
Suite B
Orlando, Florida 32806

For further information concerning this matter, please call:
(Patrick C. Crowell, Esquire) at (407-251-1131).

Enclosed is our trust account check # 1079 made payable to the "Florida Department of State" totaling \$160.00 for: 1) the \$125.00 filing fee for the Articles of Organization and Designation of Resident Agent, plus 2) the \$30.00 fee for a certified copy, plus 3) the \$5.00 fee for a certificate of status.

Respectfully,


Patrick C. Crowell

PCC/ks/enclosures

cc: Michael & Cheryl Leonard

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY
COMPANY

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is: MAMS, LLC

ARTICLE II - Address:

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

Principal Office Address and Mailing Address:

8160 S. Orange Ave., Orlando, Florida, 32809

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


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

Name: Patrick C. Crowell, Esq.

Florida street address: 4853 S. Orange Ave., Suite B, Orlando, Florida, 32806

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


Patrick C. Crowell

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title: Name and Address:

Michael L. Leonard - MGRM

Cheryl Leonard - MGRM


"MGR" = Manager

"MGRM" = Managing Member

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE (Signature of a member or an authorized representative of a member.):


Patrick C. Crowell, Authorized Representative

Typed or printed name of signee

(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.)

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)

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