

L0600000 92629

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

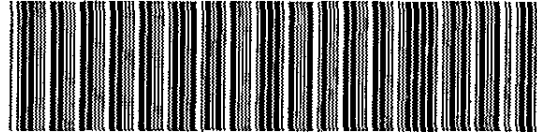
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06 SEP 12 AM 9:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W06-40030

Evelyn Noel - Accountant

MEMBER NATIONAL ASSOCIATION OF PUBLIC ACCOUNTANTS

3711 TROUT RIVER BLVD.
JACKSONVILLE, FLORIDA 32208
TELEPHONE 768-6486

September 8, 2006

State of Florida
Corporation Division
P O Box 6327
Tallahassee, Florida 32314

re: M & M Appraisal Services LLC

Gentlemen:

Enclosed is our check to cover the cost of registration of the above mentioned Limited Liability Company. If your office has any questions or any problems, please feel free to call me collect. Call 904-768-6486.

Thanking you in advance.

Sincerely,

Evelyn Noel

Evelyn Noel

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: M & M Appraisal Services 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:

Evelyn Noel

(Name of Person)

Evelyn Noel Accountant

(Firm/Company)

3711 Trout River Blvd

(Address)

Jacksonville Florida 32208

(City/State and Zip Code)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Evelyn Noel

(Name of Person)

at (

904

) 768-6486

(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 12, 2006

EVELYN NOEL
3711 TROUT RIVER BLVD
JACKSONVILLE, FL 32208

SUBJECT: M & M APPRAISAL SERVICES LLC
Ref. Number: W06000040030

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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We have received your document for M & M APPRAISAL SERVICES 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):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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) 245-6097.

Marsha Thomas
Document Specialist

Letter Number: 006A00054919

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

M & M Appraisal Services 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:

3711 Trout River Blvd **
Jacksonville Florida 32208

Mailing Address:

3711 Trout River Blvd
32208

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:

Mary Valliere Services LLC

Name

3711 Trout River Blvd

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

Jacksonville FL 32208

City, State, and Zip

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.

Mary A. Valliere

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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:

Manager

Mary A Valliere

3711 Trout River Blvd

Jacksonville Florida 32208

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 9-11-2006 (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:

Mary A. Valliere

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.)

Mary A Valliere

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)