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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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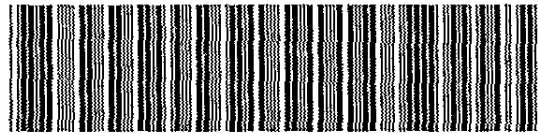
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

msk

LAW OFFICES  
**DAVID M. PRESNICK, P.A.**

Reply To:

David M. Presnick<sup>esq</sup>

Of Counsel:

Bradly Roger Bettin, Sr., P.A.

Email Address: [Dpresnick@Bellsouth.net](mailto:Dpresnick@Bellsouth.net)

Mariner Square  
96 Willard Street, Suite 202  
Cocoa, Florida 32922  
Telephone (321) 639-3764  
Fax (321) 639-3911  
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October 6, 2006

Registration Section  
Division of Corporations  
409 East Gaines Street  
Tallahassee, Florida 32399

Re: **M2 COLLISION CARE CENTER, LLC**

Dear Sir or Madam:

Enclosed is the original and one (1) copy of the Articles of Organization for the above proposed Florida limited liability company, along with our client's check in the amount of \$155.00, for payment of the following:

|                       |          |
|-----------------------|----------|
| Filing Fee:           | \$100.00 |
| Registered Agent Fee: | \$ 25.00 |
| Certified Copy Fee:   | \$ 30.00 |

Please file the enclosed Articles and return a certified copy to us. Thank you for your assistance in this matter.

Sincerely,

  
David M. Presnick

Enclosures

**ARTICLES OF ORGANIZATION**  
**OF**  
**M2 COLLISION CARE CENTER, LLC**

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

**ARTICLE I**  
**Name**

The name of this limited liability company ("Limited Liability Company") is: **M2 COLLISION CARE CENTER, LLC.**

**ARTICLE II**  
**Address**

The mailing address and street address of the principal office of the Limited Liability Company is: 96 Willard Street, Suite 202, Cocoa, Florida 32922.

**ARTICLE III**  
**Duration**

The Limited Liability Company shall exist for a perpetual duration.

**ARTICLE IV**  
**Management**

The Limited Liability Company is to be managed by managers, and the names and addresses of the initial managers who are to serve as managers pursuant to the Regulations of the Limited Liability Company ("Managers") until their successors are elected are:

**BRIAN C. MAJOCHA**  
96 Willard Street, Suite 202  
Cocoa, Florida 32922

**SUSAN MAJOCHA**  
96 Willard Street, Suite 202  
Cocoa, Florida 32922

The initial managers and all subsequent managers shall serve, be removed, and elected pursuant to the Regulations of the Limited Liability Company.

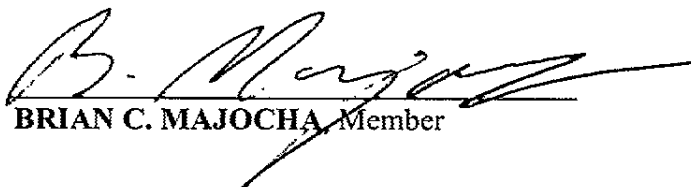
**ARTICLE V**  
**Admission of Additional Members**

Additional members will be admitted only upon the consent of the Members owning a majority of the Membership Units upon such terms as provided in the Regulations.

**ARTICLE VI**  
**Members' Rights to Continue Business**

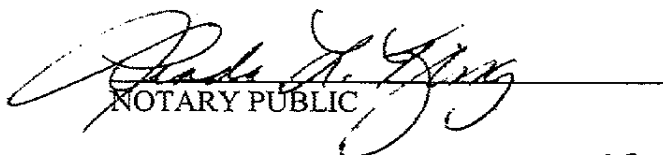
The remaining members of the Limited Liability Company shall have the right to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the Limited Liability Company.

IN WITNESS WHEREOF, we have signed these Articles of Organization and acknowledged them to be our act this 6<sup>th</sup> day of October, 2006.

  
BRIAN C. MAJOCHA, Member

STATE OF FLORIDA  
COUNTY OF BREVARD

The foregoing instrument was acknowledged before me this 6<sup>th</sup> day of October, 2006, by BRIAN C. MAJOCHA, who ☐ is personally known to me or ☒ has produced Canada Driver's Lic as identification.

  
NOTARY PUBLIC



**CERTIFICATE OF DESIGNATION**  
**OF**  
**REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: **M2 COLLISION CARE CENTER, LLC.**
2. The name and the Florida street address of the registered agent are:

**DAVID M. PRESNICK**  
96 Willard Street, Suite 202  
Cocoa, Florida 32922

*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.*

  
**DAVID M. PRESNICK**

**FILED**  
**06 OCT 13 AM 11:03**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**