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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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A. LUNT
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2008 JUL -8 P 2: 38 SECRETARY OF STATE ALLAHASSEE, FLORIDA

EXAMINER

Office Use Only

RICHARD S. MAILMAN





1560 Hower Road • Abington, Pennsylvania 19001-2014 Telephone (215) 887-3786 Fax No. (205) 887-6877

July 3, 2008

Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 SECRETARY OF STATE
SECRETARY OF STATE

Re: M3G Realty, LLC

Dear Sir or Madam:

Enclosed you will find two Articles of Organization for Florida Limited Liability Company and check in the amount \$160.00.

Very truly your

RSM:an Encls.

RICHARD S. MAILMAN

COVER LETTER

Division of Co				•		
_{SUBJECT:} M3G R	lealty, LLC					
		ted Liability Compa	any)			-
The enclosed Articles of	Organization and fee(s) are	submitted for filing	g.			
Please return all correspo	ondence concerning this ma	iter to the following	;:			
Richard S.	Mailman, Esquire	e				
		(Name of Person)				_
1000-11-		(Firm/Company)		<u>F</u> :S	~~	<u>_</u>
1560 Howe	ar Poad	(ritin/company)		LAH.		
1300 11000	- Noau	(Address)		- SSE	- + 8	-
Abington, I	PA 19001-2014	,		OF S	U	
	(Ci	ty/State and Zip Code	:)	TATE ORIDA	۔ ڊڊ 8	
For further information c	oncerning this matter, pleas	e call:				
Richard S. Mail	man	at (_215	887-378			_
(Name o	of Person)	(Area Code	e & Daytime Tele	ephone Numbe	er)	,
Enclosed is a check for	the following amount:					
\$125.00 Filing Fee [\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Certified Cop (additional copy	рy	\$160.00 F Certificate Certified ((additional o	e of Sta Copy	atus &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration Division of Clifton Bo 2661 Exe	ourier Address on Section of Corporations uilding cutive Center Cee, FL 32301			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

M3G Realty, LLC				
	mited Liability Company, "L.L.C.," or "LLC.	") I S		
ARTICLE II - Address:		₽X	_	Green .
The mailing address and street address	of the principal office of the Limi	ted Tiabil	lit♥Co	mpany
ARTICLE II - Address: The mailing address and street address	1	SS	ĺ	Î
Principal Office Address:	Mailing Address:	m M—≺	ω	m
		<u>_</u>	U	2
1294 Ive Lane	1294 Ivy Lane	10 11S	Ċ	
1294 IVE Latte		70	1 . 1	
North Wales, PA 19454	North Wales, PA 19454		w	

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

business entity with an active Florida registration.)

ARTICLE I - Name:

Darren Samuel	
	Name
5852 Enterprise	Parkway
Florida st	reet address (P.O. Box NOT acceptable
Fort Myers	FL 33905
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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing M	lember .
MGR	Paul Allen
	1294 ivy Lane
	North Wales, PA 19454
	2000 S.E. S.E. A.L.
	SE & 8
	STATE 2:
,	DAA
(Use attachment if necess	
LE V: Effective date, if o fective date is listed, the days after the date of filing the date of filing the date of filing the date of filing the date of the date	ther than the date of filing: (OPTION date must be specific and cannot be more than five business daing.) TRE:
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LE V: Effective date, if of fective date is listed, the days after the date of filing the signature of this date of that the date of that the date of	ther than the date of filing:

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

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)