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JUL 162008

EXAMINER



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07/15/08--01023--011 **130.00

SECRETANT OF STATE

COVER LETTER

_	tration Section on of Corporations
SUBJECT:	MVMB, LLC
	(Name of Limited Liability Company)
The enclosed	Articles of Organization and fee(s) are submitted for filing.
Please return	ll correspondence concerning this matter to the following:
	Mark·Vigneault
	(Name of Person)
	MVMB, LLC
	(Firm/Company)
	2800 Ocean Drive, Suite B
	(Address)
	Vero Beach, FL 32963
	(City/State and Zip Code)
For further in	ormation concerning this matter, please call:
	Mark Vigneault at (772) 234-5501
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a	check for the following amount:
\$125.00 Fil	ng Fee x \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

	R FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Compar	ny is:
MVMB, LLC	
	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of t	the principal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
2800 Ocean Drive ,Suite B	
Vero Beach, FI	Vero Beach, FL 32963
The name and the Florida street address of	
Mark Vigneaul	t ·
1	Name
2800 Ocean Dr	ive,Suite B
Florida stre	eet address (P.O. Box <u>NOT</u> acceptable)
	ach, FL 32963 State, and Zip
liability company at the place designate registered agent and agree to act in this cap statutes relating to the proper and comple accept the obligations of my position as	and to accept service of process for the above stated limited of in this certificate, I hereby accept the appointment as pacity. I further agree to comply with the provisions of all the performance of my duties, and I am familiar with and registered agent as provided for in Chapter 608, F.S Signature (REQUIRED)
	TINUED) plof2

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

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

'MGRM" = Managing Mem	Mark·Vigneault
MGRM	2800 Ocean Drive, Suite B
	Vero Beach, FL 32963
MGRM	Michael Beaty
	2800 Ocean Drive, Suite B Vero Beach, FL 32960
	<u>-</u>
Use attachment if necessary)
·	,
	than the date of filing: <u>July 15, 2008</u> . (OPTION) e must be specific and cannot be more than five business d
lays after the date of filing.	•

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.)

Mark·Vigneault
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)

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