

LO9000023392

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

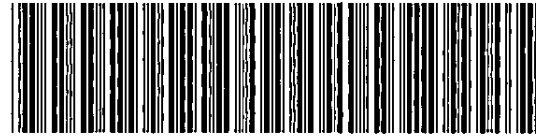
(Business Entity Name)

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03/11/09--01001--016 \*\*155.00

RECEIVED  
09 MAR 10 PM 4: 48  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
09 MAR 10 AM 8: 15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. KOHR

MAR 11 2009

EXAMINER

CORPDIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

FILING COVER SHEET  
ACCT. #FCA-14

CONTACT: TRICIA TADLOCK

DATE: 03/10/09

REF. #: 001886.101294

CORP. NAME: M2 REINC, LLC

FILED  
09 MAR 10 AM 8:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION      |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME              |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |   |
| <input type="checkbox"/> OTHER:                      |   |   |

STATE FEES PREPAID WITH CHECK# 529581 FOR \$ 155.00.

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS     |   |   |

Examiner's Initials

ARTICLES OF ORGANIZATION  
OF  
M2 ReInc, LLC

FILED  
09 MAR 10 AM 8:15  
TALLAHASSEE, FLORIDA

The undersigned, acting as the organizing member of M2 ReInc, LLC, under the Florida Limited Liability Company Act, Chapter 608, Florida Statutes, adopts, the following Articles of Organization for the limited liability company.

ARTICLE I  
Name

The name of the limited liability company is M2 REINC, LLC (the "Company").

ARTICLE II  
Principal Office and Mailing Address


The mailing address and street address of the principal office of the Company is 380 E. State Road 434, Suite 109, Altamonte Springs, Florida 32714.

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

The name and address of the registered agent shall be:

Gregory E. Matton, P.A.  
3812 Coconut Palm Drive, Suite 200  
Tampa, Florida 33619

Having been named as the registered agent and to accept service of process for the above stated 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, Florida Statutes.

  
GREGORY E. MATTON, P.A.

**ARTICLE IV**  
**Organizing Member**

The name and address of the authorized representative of the company executing these Articles of Organization is as follows:

Mr. Sean Forward  
380 E. State Road 434, Suite 109  
Altamonte Springs, Florida 32714

IN WITNESS WHEREOF the undersigned Authorized Representative has executed these Articles of Organization as of the 10th day of March, 2009.

  
\_\_\_\_\_  
Sean Forward