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(Requestor's Name)	
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PICK-UP WAIT MAIL	-
(Business Entity Name)	—
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Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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SECRÉTARY OF STATE

ALLAMASSEF, FLORIDA

C. LEWIS

APR 2 1 2009

EXAMINER

COVER LETTER

Division of Corp			
SUBJECT: MTM Ve	entures LLC		
	(Name of Limite	ed Liability Compa	ny)
The enclosed Articles of O	organization and fee(s) are	submitted for filing	ŗ.
Please return all correspon	dence concerning this matt	er to the following	:
Charles T. F			
	•	(Name of Person)	
MTM Ventu	res LLC		
		(Firm/Company)	
16302 Muirl	ield Drive		
	•••	(Address)	
Odessa, Flo	orida 33556		
	(City	/State and Zip Code)
For further information con	ncerning this matter, please	call:	
Charles T. Roge	rs	at (813	926-2630
(Name of	Person)	(Area Code	& Daytime Telephone Number)
Enclosed is a check for t	he following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filin Certified Cop (additional copy	oy Certificate of Status &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrati Division Clifton B 2661 Exe	ourier Address on Section of Corporations uilding cutive Center Circle ee. FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

MTM Ventures LLC			
	ed Liability Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of	f the principal office of the Limited Li	ability Compan	ıy is:
Principal Office Address:	Mailing Address:		
16302 Muirfield Drive	16302 Muirfield Drive		
Odessa, Florida 33556	Odessa, Florida 33556		
ARTICLE III - Registered Agent, Registered Liability Company cannot serve as its over business entity with an active Florida registration.) The name and the Florida street address of Charles T. Roge	Odessa, Florida 33556 istered Office, & Registered Agent's vn Registered Agent. You must designate an individual of the registered agent are:		7 C

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

(CONTINUED) Page 1 of 2

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

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

MGRM	Charles T. Rogers		
	16302 Muirfield Drive		
	Odessa, Florida 33556		
	<u> </u>		
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(Use attachment if necessary)			
LE V: Effective date, if other than the ffective date is listed, the date must days after the date of filing.)	e date of filing: be specific and cannot be mo	. (OPTIONA ore than five business day	.L) 's prio
	be specific and cannot be mo	re than five dusiness day	s pric

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.)

Charles T. Rogers

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)