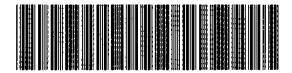
~ L09000054282

(Requestor's Name)
(Address)
•
(Address)
,
(City/State/Zip/Phone #)
(City/State/Zip/Filone #)
PICK-UP WAIT MAIL
, .
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	
	Name of Limited Liability Company
The end	closed Articles of Organization and fee(s) are submitted for filing.
Please r	return all correspondence concerning this matter to the following:
_	Michnel Hooker
	Name of Person
•	Firm/Company
_	485 12th Street S.E.
_	485 12th Street S.E. Address Velo Berch FL 32962 City/State and Zip Code
_	City/State and Zip Code renfa/s mh @ Ab/. Com E-mail address: (to be used for future annual report notification)
For furt	her information concerning this matter, please call:
10	Name of Person at (772) 299-5613 Area Code & Daytime Telephone Number
Enclos	ed is a check for the following amount:
\$125. (00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{\$\text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \text{\$\text{Certified Copy (additional copy is enclosed)}} \$\text{Certified Copy (additional copy is
	Mailing Address Registration Section Street/Courier Address Registration Section

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 28, 2009

MICHAEL HOOKER 485 12TH STREET S.E. VERO BEACH, FL 32962

SUBJECT: MCM LLC

Ref. Number: W09000025019

We have received your document for MCM LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan Regulatory Specialist II

Letter Number: 709A00017988

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MCM5LLC (Must end with the words "Limited Liability)	ity Company," "L.L.C.," or "Ll.C.")
ARTICLE II - Address:	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
485 12th Street S.E. VERO BEACH, Fl 32962	485 12th Street S.E. Vero Beach, FL 32962
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registations business entity with an active Florida registration.)	
The name and the Florida street address of the remainder	tooker HASSIANY
Florida street address (P.O.	Heet S.E. Box NOT acceptable)
Vero Beach City, State, an	FL 32962
liability company at the place designated in the registered agent and agree to act in this capacity	accept service of process for the above stated limited his certificate, I hereby accept the appointment as v. I further agree to comply with the provisions of all erformance 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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

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

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MORNI – Managing Member	M , M
MOR	Michael Hooker
	1/85 12+1 Street S.E.
01+ 0	2
YIGR	BARBARA HOOKER
	UCRO BEACH FL 32962
	Vice Circle Joylette
(Use attachment if necessary)	
LE V: Effective date, if other than the	ne date of filing: (OPTIONA

REQUIRED SIGNATURE:

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.)

MICHAEL

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)