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SECRETARY OF SHARE DIVISION OF COARDINATION

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: MMB SOUTHEAST SAles AND MARKETING LLC Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
BERNARD P. MEEHAN Name of Person
MMB Southeast Sales and Marketing LLC
2141 DEERWOOD ACIES Drive
SAINT AUGUSTINE FJ 32084 City/State and Zip Code
City/State and Zip Code BERNARD MEEHAN 7 & ADI. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
BERNARD Meehav at (904) 829 5251 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \] \$155.00 Filing Fee \text{\$\text{Certified Copy} (additional copy is enclosed)}} \$160.00 Filing Fee, Certificate of Status \text{\text{Certified Copy} (additional copy is enclosed)}}
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Liability Company is:				
MMB Soutleast Sales A (Must end with the words "Limited Liability ARTICLE II - Address:				
The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
2141 Deerwood Acres Or	2141 DERRWOOD Acres Dr			
SAINT AUJUSTNEFI	2141 DERKWOOD Acres Dr ST. Augus TINE FI 32084			
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	red Agent. You must designate an individual or another			
The name and the Florida street address of the re-	REHAN SHE			
2141 DEERWOOD				
Florida street address (P.O. B ST. Augustine City, State, and	FL 320 & Some state of the stat			
Having been named as registered agent and to accept service of process for the above stated limited				

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

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

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

	<u>Title:</u> "MGR" = Manager	Name and Address:
	"MGRM" = Managing Member MGZ	BERUARD Meehow 2141 Deerwood Acres Dr ST. Augus TINC FI 32087
	(Use attachment if necessary)	
(If an		ate of filing: (OPTIONAL) specific and cannot be more than five business days prior
	REQUIRED SIGNATURE: Signature of a member of	or an authorized representative of a member.
	of this document constituent that the facts stated hereing PERNARD	on 608.408(3), Florida Statutes, the execution utes an affirmation under the penalties of perjury n are true.) Physical or printed name of signee
	Filing Fees:	· ·
	\$125.00 Filing Fee for Articles of Organiz	zation and Designation

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)