

L09000088410

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

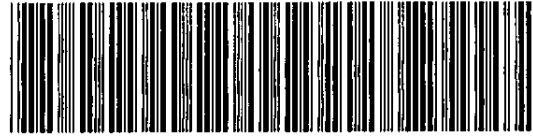
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300160390153

09/15/09--01001--004 **125.00

RECEIVED
09 SEP 14 PM 3:15
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
09 SEP 14 PM 4:05
SECRETARY OF STATE
DIVISION OF CORPORATIONS

B. KOHR

SEP 14 2009

EXAMINER

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

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: MICHELE HOLDEN
DATE: 09/14/09
REF. #: 000150.110826
CORP. NAME: MCM HOLLYWOOD, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 SEP 14 PM 4:05

- | | | |
|--|---|---|
| <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# 531734 FOR \$ \$125.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

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

Examiner's Initials

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 SEP 14 PM 4:05

**ARTICLES OF ORGANIZATION
OF
MCM HOLLYWOOD, LLC**

ARTICLE I - NAME

The name of the Limited Liability Company is MCM HOLLYWOOD, LLC (the "Company").


ARTICLE II - Address

The mailing address and street address of the principal office of the Company is 5101 NW 21st Ave, #345, Fort Lauderdale, FL 33309.

ARTICLE III - Registered Agent and Office

The street address of the Corporation's initial registered office is 5101 NW 21st Ave, #345, Fort Lauderdale, FL 33309 and the name of its initial registered agent at such office is Thomas A. Lihan.

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. Dated this 14th day of September, 2009.



Thomas A. Lihan, as Incorporator

ACCEPTANCE OF APPOINTMENT OF REGISTERED AGENT

The undersigned, having been named the Registered Agent of the Company hereby accepts such designation and is familiar with, and accepts, the obligations of such position, as provided in Florida Statutes §607.0505.



Thomas A. Lihan, as Registered Agent
Date: September 14, 2009