109000092292

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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Effective Date 08/24/09

08/25/09--01021--017 **16000

O9 AUG 25 AM II: 23 4 20 SECRETARY OF STATE 38 AG

J. BRYAN

SEP 24 2009

EXAMINER

COVER LETTER

SUBJECT:	M	IM Designs LLC	
SUBJECT.		ted Liability Company	
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	М	ichelle McElroy	15 S
 		Name of Person	CRI CRI
	М	M Designs LLC	SECRETARY OF STATE
		Firm/Company	Eng E
	955	1 NW 115 Street	FLOGE TO 2
		Address	AIDA AIDA
	Chi	efland, FL 32626	·
	Ci	ty/State and Zip Code	
	mile	esmc@quixnet.net	
	E-mail address: (to be used	for future annual report notific	ation)
For further information	n concerning this matter, pleas	se call:	
Mich	elle McElroy	at (352)	490-5117
Nam	Name of Person		me Telephone Number
Enclosed is a check	for the following amount:		
_	\$130,00 Filing Fee & Certificate of Status	\$155,00 Filing Fee & Certified Copy (additional copy is enclo	Certificate of Status &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier A Registration Section Division of Corporation Clifton Building 2661 Executive C Tallahassee, FL 3	on orations Center Circle



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 26, 2009

MICHELLE MCELROY MM DESIGNS LLC 9551 NW 115 STREET CHIEFLAND, FL 32626

SUBJECT: MM DESIGNS LLC Ref. Number: W09000038464



We have received your document for MM DESIGNS LLC and your check(s) totaling \$160.00. 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.

The document number of the name conflict is #P09000018956, M & M DESIGNS, INC..

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) 245-6043.

Joey Bryan Regulatory Specialist II

Letter Number: 509A00028740

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY				
ARTICLE I - Name: The name of the Limited Liability Company is: and				
MM Design & Decor, LLC &				
(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")				
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:				
Principal Office Address: Mailing Address:				
9551 NW 115th St Chiefland, FL 32626 Chiefland, FL 32626				
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) Effective Date 08/24/09 The name and the Florida street address of the registered agent are:				
Michelle McElroy Name				
Florida street address (P.O. Box NOT acceptable) Chiefland FL 32626 City, State, and Zip				

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 Man The name and address of each Manager	aging Member(s): ger or Managing Member is as follows
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Aging Member(s): ger or Managing Member is as follows: Name and Address: Michelle McElroy 9551 NW 115 Street
MGR	Michelle McElroy 9551 NW 115 Street Chiefland, FL 32626
	date of filing:August 24, 2009 (OPTIONAL) e specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	•
	er or an authorized representative of a member.
	ction 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury rein are true.)
	Michelle McElroy pped or printed name of signee
Filing Fees:	ped or printed name of signee
\$125.00 Filing Fee for Articles of Orga of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional	

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