

L100000017565

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

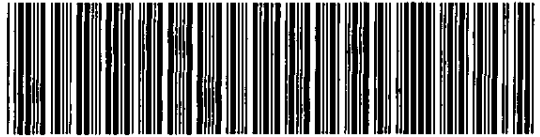
201-4180

A. LUNT

FEB 16 2010

EXAMINER

Office Use Only



900166949619

01/25/10--01008--006 **125.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 FEB 15 PM 3:00

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 27, 2010

SAN'NISE CROSBY
99 NORTHWEST 183RD STREET
SUITE 239 K
MIAMI GARDENS, FL 33056

SUBJECT: MONEY IN DA MATTRESS ENTERTAINMENT, LLC
Ref. Number: W10000004180

We have received your document for MONEY IN DA MATTRESS ENTERTAINMENT, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

You can only list one person or one entity as the registered agent.

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) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 610A00002212

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Money In Da Mattress Entertainment, 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:

San'nise Crosby

Name of Person

Young World Management

Firm/Company

99 Northwest 183rd Street Suite 239 K

Address

Miami Gardens, FL. 33056

City/State and Zip Code

moneyindamattressent@gmail.com

E-mail address: (to be used for future annual report notification)

2010 FEB 15 PM 3:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

For further information concerning this matter, please call:

Alex Davis

Name of Person

at (

954)

305-6616

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

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

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 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:

Money In Da Mattress Entertainment, 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:

2031 NORTHWEST 194TH TERRACE
MIAMI GARDENS, FL 33056

Mailing Address:

PO BOX 2191
OPA LOCKA, FL 33056

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.)

The name and the Florida street address of the registered agent are:

San'nise Crosby/ Young World Mgmt.

Name

99 Northwest 183rd Street Suite 239 K

Florida street address (P.O. Box **NOT** acceptable)

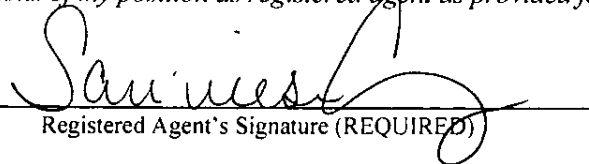
MIAMI, FL 33056 FL

City, State, and Zip

2010 FEB 15 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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)

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

ALEX DAVIS
8696 NORTHWEST 38TH DRIVE
CORAL SPRINGS, FL 33065

MGR

MARVIN DAVIS
2031 NORTHWEST 194TH TERRACE
MIAMI GARDENS, FL 33056

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 FEB 15 PM 3:00

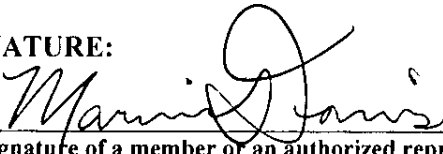
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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

Marvin Davis MGR

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)