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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000124938 3)))



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To:

Division of Corporations

Fax Number

; (850)617-6383

Please give 5-28-10 File date

From:

Account Name

: HAILE, SHAW & PFAFFENBERGER, P.A.

Account Number: 076326003550

Phone Fax Number : (561)627-8100 : (561)622-7603

\*\*Enter the email address for this business entity to be used for Fugu annual report mailings. Enter only one email address please.

DWhitmine @haileshow, com

## FLORIDA LIMITED LIABILITY CO. MMAD CAPITAL, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

C. LEWIS

MAY 28 2010

**EXAMINER** 

May 27, 2010

HAILE, SHAW & PFAFFENBERGER, PA

SUBJECT: MMAD, LLC REF: W10000025729

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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 fillings 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.sumbiz.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 P04000037280.

If you have any further questions concerning your document, please call (850) 245-6047.

Carolyn Lewis
Regulator Specialist II

FAX Aud. #: H10000124938 Letter Number: 510A00013346

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SECRETARY OF STATE
TALL AHASSEE FLORIDA LIMITED LIABILITY COMPANY
ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Normalisma Additionary

ARTICLE I - Name:

The name of the Limited Liability Company is:

MMAD CAPITAL, LLC	
(Must end with the words "Limited Liability Company "LLC" or "LC"	

ARTICLE II - Address:

Darley also at COSS and Address and

The mailing address and street address of the principal office of the Limited Liability Company is:

Frincipal Office Address:	Maning Address:	Maning Address:	
,			
8056 Wendy Lane East	8056 Wendy Lane East		
West Palm Beach, FL 33411	West Palm Beach, FL 33411	West Palm Beach, FL 33411	
	The state of the s		

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 cutity with an active Florida registration.)

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

Orennen L. Whitmire, Jr., Esquire

Name

660 U.S. Highway One, Third Floor

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

North Palm Beach

PL 33408

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)
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FILED

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ARTICLE IV- Manager(s) or Mar The name and address of each Mana	naging Meinber(s): ger or Managing Member is as follows:	SECRETARY OF STATE TALLAHASSEE, FLORIDA
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGRM	Alphonse R. Bruno	
	102 Via Escobar Place	
	Patm Beach Gardens, FL 33418	
MGRM	Donald R. Cook	
	8656 Wendy Lane East	
	West Palm Beach, Ft. 33411	
(Use attachment if necessary)		
RTICLE V: Effective date, if other than the an effective date is listed, the date must bor 90 days after the date of filing.)		
REQUIRED SIGNATURE:		
(	Ph Lud	<u>.                                    </u>
Signature of a member	er oran authorized representative of a member	— p.

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)

that the facts stated herein are true.) Drennen L. Whitmire, Jr., Esquire

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(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

Typed or printed name of signee

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