L100000 65205

(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 Officers
Special Instructions to Filing Officer:
·
,

Office Use Only



600182050336

06/17/10--01007--017 **130.00

10 JUN 17 PH 2:54
SECRETARY OF STATE
TALL AHASSEE, FLORID

J. BRYAN
JUN 1 8 2010
EXAMINER

COVER LETTER

Registration Section Division of Corporations

···TO:

SUBJECT, M&M	FLOOR DESIGNS "LLO	5 H	
SUBJECT: M. G. III		ted Liability Company	
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please return all corres	pondence concerning this mat	ter to the following:	
Glenn T. Mye	ers		
		Name of Person	
M & M Floor	Designs "LLC."		
		Firm/Company	
2200 SE. Oc	ean Blvd.		10 J SEC
		Address	RET UN
Stuart, FL. 34	1996		ARY SSEE
	Cit	y/State and Zip Code	77 3
gtmprof@yah			
		for future annual report notification)	
For further information	concerning this matter, please	e call:	
Glenn T. Myers		at (772) 221-3996	
Name	of Person	Area Code & Daytime Tele	phone Number
Enclosed is a check f	or 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 C Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

3:	
pility Company, "L.L.C.," or "LLC.")	
principal office of the Limited Liability Compan	ıy is:
Mailing Address:	
M & M Floor Designs "LLC."	
2200 SE. Ocean Blvd	
Stuart, FL. 34996	
istered Agent. You must designate an individual or another	4
	M & M Floor Designs "LLC." 2200 SE. Ocean Blvd

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.

City, State, and Zip

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

FL 34994

Registered Agent's Signature (REQUIRED

Name

630 NW. River Road #203

Stuart

(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:

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGRM	Glenn T. Myers
	630 NW. River Road
	Stuart, FL. 34994
MGRM	Robert Martin
	3201 SE. Hibiscus St.
	Stuart, FL. 34997
Use attachment if necessary)	SEE FLORIDA
LE V: Effective date, if other than the fective date is listed, the date must I days after the date of filing.)	e date of filing: (OPTION be specific and cannot be more than five business d
REQUIRED SIGNATURE:	
X Signature of a memb	oer or an authorized representative of a member.
(In accordance with se	ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

Glenn T. Myres

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee