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EXAMINER



(A PROFESSIONAL CORPORATION)

5 Benefit Street Providence, Rhode Island 02904 Telephone (401) 274-0600 Facsimile (401) 421-6117 Carl B. Lisa Louis A. Sousa • Carl B. Lisa. Jr. • Rebecca C. Cox • John J. Poloski, III • Sandra Sousa-Marujo • Thomas E. Romano •

Robert G. Branca, Jr. * 1 Eugene A. Amelio * of Counsel

* (Also Member of Massachusetts Bar)
† (Also Member of District of Columbia Bar)

July 1, 2010

Via: Federal Express

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

Re: MMM Flagler, LLC, MMM Franchising Group, Inc., MMM 167, LLC, MMM Biscayne 126, LLC and MMM Coral Way, LLC Our File #14639

To Whom It May Concern:

Enclosed please find a check in the amount of \$698.75 representing the amount due to form the above-referenced entities. Please provide this office with filed Articles in the enclosed self-addressed federal express envelope provided.

Please call with any questions.

Very truly yours,

LISA & SOUSA, Ltd.

Jennifer S. Malloy, Assistant to

Louis A. Sousa, Esq.

Enclosure /jsm

COVER LETTER

TO:					
SUBJE	er: MMM F		ed Liability Company		
The enc	closed Articles of	f Organization and fee(s) are s	submitted for filing.		
Please	return all corresp	ondence concerning this matt	er to the following:		
	Division of Corporations SUBJECT: MMM FLAGLER, 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: Louis A. Sousa, Esquire Name of Person Lisa & Sousa, Ltd. Firm/Company 5 Benefit Street Address Providence, Rhode Island 02904 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Louis A. Sousa, Esquire Name of Person Aren Code & Daytime Telephone Number Enclosed is a check for the following amount: 1\$125.00 Filing Fee Certificate of Status Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Sousa Registration Section Division of Corporations Clifton Building Center Circle				
			Name of Person		
	Lisa & Sousa,	, Ltd.			
			Firm/Company		
	5 Benefit Stre	et			
			Address		
		City	y/State and Zip Code		
-		E-mail address: (to be used t	or fluture annual report notification)		
For fur	ther information	concerning this matter, please	call:		
Louis	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	quire	at (401)274-0600		
	Name	of Person	Area Code & Daytime Telepl	tone Number	
Enclos	sed is a check fo	or the following amount:			
□\$125.	00 Filing Fee	-	Certified Copy	Certificate of Status & Certified Copy	
		Registration Section Division of Corporations P.O. Box 6327	Registration Section Division of Corporations Clifton Building	rcle	

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	[0] 10 20 E
	SECKETARY OF STATE TALLAHASSEE, FLORIDA
ARTICLES OF ORGANIZATION FO	OR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Compa	any is:
MMM FLAGLER, LLC	
(Must end with the words "Limik	ed Liability Company, "L.t.,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:
c/o Malcolm S. Butters	Same
6820 Lyons Technology Circlo, Suite 100	
Coconut Creek, Florida 33073	
The name and the Florida street address of Malcolm S. Butters	of the registered agent are:
	Name
6820 Lyons Techno	plogy Circle, Suite 100
Florida s	treet address (P.O. Box NOT acceptable)
Coconut Creek	FL 33073
	City, State, and Zip
	city, and cip

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

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

SECRETARY OF STATE TALLAHASSEE, FLORIDA

<u>Title:</u> "MGR" == Mana	Name and Address:	
"MGRM" = Ma	naging Member	
MGR	Malcolm S. Butters	
<u> </u>	6820 Lyons Technology Circle, Suite 100	
	Coconut Creek, Florida 33073	
MGR	Marc Welnstein	
	6820 Lyons Technology Circle, Suite I Coconnt Creek, Florida 33073	100
	e date, if other than the date of filing: immediately upon filing . (OPTIONA sted, the date must be specific and cannot be more than five business day	
REQUIRED S	···	
	Incentalocera	
	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.)	
	Louis A. Sousa, Attorney for the Company Typed or printed name of signed	
12lling Pag		

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)

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