## L10000122439

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DETAIL OF CORPORATION

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## **COVER LETTER**

TO:

**Registration Section** 

<ul> <li>Division of Corporations</li> </ul>
SUBJECT: M&M DEPENDANCE Land Scaling 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:
Meluin Ford
Name of Person
M+m rependable landscaping Firm/Company
3204 Olsen Rd, Address
Address
Tallahassee FLA 32309 City/State and Zip Code
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Melvsu Ford at (850) 264-2787  Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Compa Dependable	iny is:	
	10 110	
Must end with the words "Limite	ad Liability Company, "L.L.C.," or "LLC	).")
	/	,
ARTICLE II - Address: The mailing address and street address of	the principal office of the Lim	nited Liability Company is:
-		
Principal Office Address:	Mailing Address:	
3200/Oben Rd	37 of olson 1 Tallahassec F	21,
Talloshussec Flog.	19/1ahasec E	4.
ARTICLE III - Registered Agent, Registre Limited Liability Company cannot serve as its own business entity with an active Florida registration.)  The name and the Florida street address of Meluw Tura  3204 0/804  Florida st	of the registered agent are:  Name  Name  Red,  Registered Agent. You must designate agent are:  Name  Name  Note address (P.O. Box NOT accepta	an individual or another
/allahass e	FL City, State, and Zip	-
(	City, State, and Zip	
Having been named as registered agent a liability company at the place designal registered agent and agree to act in this co statutes relating to the proper and comp accept the obligations of my position of	ted in this certificate, I hereby a capacity. I further agree to comp plete performance of my duties, a	ccept the appointment as ply with the provisions of al and I am familiar with and
Mini	: V/4 /	
Registered Agent's	s Signature (REQUIRED)	- IALI
·	NTINUED)	NOV 29  AHASSE
Pa	ge 1 of 2	

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Manager	Name and Address:
"MGRM" = Managing Member  M & L M	Meluin Ford 3201/018m Rd. Torlahers ex Fun
-	
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the of (If an effective date is listed, the date must be to or 90 days after the date of filing.)	date of filing: (OPTIONAL) specific and cannot be more than five business days prior
	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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Melviw Ford
Typed or printed name of signée

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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