# L1000122667

(P <sub>c</sub>	equestor's Name)				
(Re	equestors (value)				
(Ac	(Address)				
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(Ci	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(50	isiness Littly Nan	iie)			
(Do	ocument Number)				
Certified Copies	Certificates	of Status			
Special Instructions to	Filing Officer:				
opeoidi mondodono to	Timing Officer.				

Office Use Only



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EFFECTIVE DATE 12010

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FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

B. KOHR

DEC - 1 2010

EXAMINER

### **COVER LETTER**

ŤO:	Registration of	on Section f Corporations	EFFECTIVE DATE	12/1/2010/04
SUBJI	гст. М1	Resources, LLC		11 3
Name of Limited Liability Company				
TV)				
The en	closed Article	es of Organization and fee(s) are sul	omitted for filing.	
Please	return all cor	respondence concerning this matter	to the following:	
	Wilson	W. Wadsworth, Bar	rister	
		N	ame of Person	
	M1 Res	sources, LLC		
		F	irm/Company	
	13700	Six Mile Cypress Pkw	y. Ste 2	
			Address	
•	Fort Mye	ers, FL 33912		
City/State and Zip Code				
	wilsonwa	dsworth@gmail.com	future annual report notification)	
For fur	ther informat	ion concerning this matter, please or	-	
r or rur	arei miorina	ion concerning this matter, prease of	311.	
Wilson Wadsworth at (239 628-4100				
	Na	ame of Person	Area Code & Daytime Tele	phone Number
Enclos	sed is a chec	k 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 C Tallahassee, FL 32301	

EFFECTIVE DATE 12 1 2010

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COM

#### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

## M1 Resources, 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:	Mailing Address:	
13700 Six Mile Cypress Pkwy.	13700 Six Mile Cypress Pkwy.	
Suite 2	Suite 2	
Fort Myers, FL 33912	Fort Myers, FL 33912	

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:

Howard Chappell, Esquire

Name

1522 Beechwood Trail

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

Fort Myers

FL 33912

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)

# 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 (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing: 12/01/2010 . (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. 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.) Wilson W. Wadsworth 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)