

211000005965

(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 Officer:

Office Use Only



700189445157

01/07/11--01011--026 \*\*130.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 JAN -7 AM 11:10

EFFECTIVE DATE

1/1/2011

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 JAN 13 AM 11:09

B. KOHR

JAN 14 2011

EXAMINER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: MTM Painting & Design, 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:

**EFFECTIVE DATE** 1/1/2011

**Michael J McElroy**

Name of Person

**MTM Painting & Design, LLC.**

Firm/Company

**7715 SW 82nd St**

Address

**Ocala, FL 34476**

City/State and Zip Code

**McElroyBusiness4@aol.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Yvonne McElroy**

Name of Person

at ( **352** ) **427-3198**

Area Code & Daytime Telephone Number

Enclosed is a check 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 Circle  
Tallahassee, FL 32301

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 JAN -7 AM 11:10

EFFECTIVE DATE 1/1/2011

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**MTM Painting & Design, 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:**

7715 SW 82nd St  
Ocala, FL 34476

**Mailing Address:**

7715 SW 82nd St  
Ocala, FL 34476

**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:

Yvonne McElroy

Name

7715 SW 82nd St

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

Ocala

FL 34476

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..*

/s/ YVONNE MCELROY

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 JAN -7 AM 11:10

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

Michael J McElroy

7715 SW 82nd St

Ocala, FL 34476

MGR

Yvonne McElroy

7715 SW 82nd St

Ocala, FL 34476

MGRM

Wilmer Blanco-Rodriguez

2329 SW 6th Ave

Ocala, FL 34471

MGRM

Jimmy Key

7400 SW 73rd St

Ocala, FL 34476

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 1/1/11. (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:**

/s/ YVONNE MCELROY

**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.)

Yvonne McElroy

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)**