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ZDII JAN 20 AH 10: 53 SECRETARY OF STATE

C. LEWIS

JAN 2 1 2011

EXAMINER

COVER LETTER

| Division of Corporations | · · · · · · · · · · · · · · · · · · · |
|---|--|
| SUBJECT: M2CoE, LLC | |
| | Limited Liability Company |
| The enclosed Articles of Organization and fee(| s) are submitted for filing |
| ` | · |
| Please return all correspondence concerning the | is matter to the following: |
| Samantha Mirabal | |
| | Name of Person |
| M2CoE | |
| | Firm/Company |
| 1498 Hero St SE | |
| | Address |
| Palm Bay, FL 32909 | |
| | City/State and Zip Code |
| SM@M2CoE.com | |
| • | used for future annual report notification) |
| For further information concerning this matter, | please call: |
| Samantha Miraba | at (321) 615-7048 |
| Name of Person | Area Code & Daytime Telephone Number |
| Enclosed is a check for the following amou | unt: |
| \$125.00 Filing Fee \$130.00 Filing Fee Čertificate of Stati | & \$\sqrt{\$155.00 \text{ Filing, Fee & } \$\$160.00 \text{ Filing Fee,} |
| Mailing Address Registration Section Division of Corporat P.O. Box 6327 Tallahassee, FL 323 | Clifton Building |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| A | R | T | IC | L | E | I | _ | N | a | m | e | |
|---|---|---|----|---|---|---|---|---|---|---|---|--|
|---|---|---|----|---|---|---|---|---|---|---|---|--|

The name of the Limited Liability Company is:

M2CoE, 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:

1498 Hero St SE

Palm Bay, FL 32909

1498 Hero St SE Palm Bay, FL 32909

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:

Samantha Mirabal

Name

1498 Hero St SE

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

Palm Bay

ะ 32909

City, State, and Zip

ZÜII JAN 20 AM IO: S#

Having been named as registered agent and to accept service of process for the above stated Himited 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 (REOUIRED)

(CONTINUED)

Page 1 of 2

FILED

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

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

2011 JAN 20 AM 10: 54

| Title: "MGR" = Manager | Name and Address: | IALLAHA! |
|--|--|---------------------|
| "MGRM" = Managing Member | | |
| MGRM | SAMANTHA MIRABAL | |
| | 1498 Hero St SE | |
| | Palm Bay, FL 32909 | |
| MGRM | ERICH MIRABAL | |
| | 1498 Hero St SE | |
| | Palm Bay, FL 32909 | |
| | | |
| | | |
| (Use attachment if necessary) | | |
| LEV: Effective date, if other than the | ne date of filing: be specific and cannot be more that | (OPTIONA) |
| | be specific and cannot be more than | n net business uays |
| 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.)

SAMANTHA T. MIRABAL

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)