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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: MMM TAMIAMI, 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:
Sandra Sousa-Marujo, Esquire
Lisa & Sousa, Ltd.
Firm/Company
5 Benefit Street
Address
Providence, Rhode Island 02904
City/State and Zip Code
MALCOLM @ BUTTERS.COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Sandra Sousa-Marujo, Esquire at (401) 274.0600
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \times 130.00 Filing Fee \& \times 155.00 Filing Fee \& \times 160.00 Filing Fee, Certificate of Status \$\ \times \text{Certified Copy} \\ \text{(additional copy is enclosed)} \\ \text{Certified Copy} \\ \text{(additional copy is enclosed)} \end{additional copy is enclosed}
Malling 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 Tollahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is	3:
MMM TAM	AMI, LLC
(Must end with the words "Limited Liah	bility 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:
c/o Malcolm S. Butters	Same
6820 Lyons Technology Circle, Suite 100 Coconut Creek, Florida 33073	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regional business entity with an active Florida registration.) The name and the Florida street address of the	istered Agent. You must designate an individual or another
Malcolm S. Butters	D T
Nam Nam	16 S
6820 Lyons Technolo	ogy Circle, Suite 100
Florida street a	ddress (P.O. Box NOT acceptable)
Coconut Creek	FL 33073
City,	State, and Zip
liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete p	o accept service of process for the above stated limited in this certificate, I hereby accept the appointment as sity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and gistered agent as provided for in Chapter 608, F.S

Page 1 of 2

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member MGR Malcolm S. Butters 6820 Lyons Technology Circle, Suite 100 Coconut Creek, Florida 33073 MGR Marc Weinstein 6820 Lyons Technology Circle, Suite 100 Coconut Creek, Florida 33073 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: _. (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

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

Malcolm S. Butters

\$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee

constitutes a third degree felony as provided for in s.817.155, F.S.)