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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

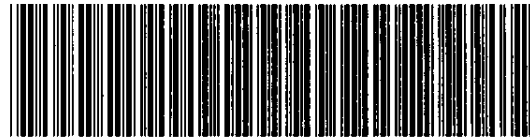
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/30/11--01029--011 **155.00

FILED
11 MAR 30 PM 2:47
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
MAR 31 2011

LISA & SOUSA, LTD.

ATTORNEYS AT LAW

(A PROFESSIONAL CORPORATION)

5 Benefit Street
Providence, Rhode Island 02904
Telephone (401) 274-0600
Facsimile (401) 421-6117

Carl B. Lisa
Louis A. Sousa *
Carl B. Lisa, Jr. *
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Robert G. Branca, Jr. *
Eugene A. Amelio *
of Counsel

* (Also Member of Massachusetts Bar)
† (Also Member of District of Columbia Bar)

March 29, 2011

Via: Federal Express

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

**Re: MMM DIXIE, LLC
MMM TAMIAMI, LLC
Our File No. 14905 & 14906**

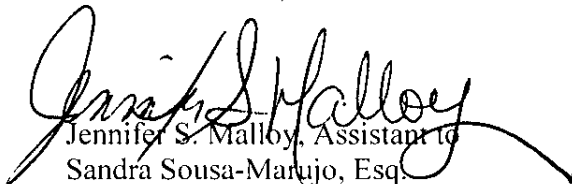
To Whom It May Concern:

Enclosed please find two checks, each in the amount of \$155.00 representing the amount due for the filing fee and a Certified Copy of the Articles of Organization to form the above-referenced companies. Please return the Certified Copies of the Articles of Organization to this office in the enclosed self-addressed federal express envelope provided.

Please call with any questions.

Very truly yours,

LISA & SOUSA, Ltd.



Jennifer S. Malloy, Assistant to
Sandra Sousa-Marujo, Esq.

Enclosure
/jsm

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MMM DIXIE, 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

Name of Person

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

Name of Person

at (401) 274.0600

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MMM DIXIE, 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:

c/o Malcolm S. Butters
6820 Lyons Technology Circle, Suite 100
Coconut Creek, Florida 33073

Mailing Address:

Same

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:

Malcolm S. Butters

Name

6820 Lyons Technology Circle, Suite 100

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

Coconut Creek FL 33073

City, State, and Zip

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Malcolm S. Butters

6820 Lyons Technology Circle, Suite 100

Coconut Creek, Florida 33073

MGR

Marc Weinstein

6820 Lyons Technology Circle, Suite 100

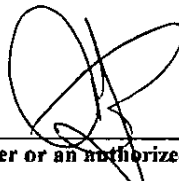
Coconut Creek, Florida 33073

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

Malcolm S. Butters

Typed or printed name of signer

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)