L110000000833

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·

Office Use Only



400207921374

05/26/11--01019--020 **160.00

IT MAY 26 PM 2: \$7

D. BRUCE

MAY 27 2011

EXAMINER

COVER LETTER

TO: Registration S Division of Co			
SUBJECT: MLL I	nvestments LLC.		
		ed Liability Company	
The enclosed Articles o	f Organization and fee(s) are	submitted for filing.	
Please return all corresp	ondence concerning this matt	er to the following:	
Mary L. L	eonard		
		Name of Person	
MLL Inve	stments LLC.		
		Firm/Company	
11222 Ea	igle Hill Dr.		
		Address	
Riverview,			
••		y/State and Zip Code	
Merrymary6	663@yahoo.com	or future annual report notification)	<u> </u>
For further information	concerning this matter, please	-	
Mary L. Leonard		_at (813) 677-0680	REST
Name	of Person	Area Code & Daytime Telephone N	umber
Enclosed is a check fo	or the following amount:	,	
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy Certif (additional copy is enclosed) Certif	.00 Filing Fee, ficate of Status & fied Copy ional 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

MLL Investments LLC. (Musi end with the words "I.	imited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street addres	s of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Mary L. Leonard	Máry L. Léonárd
11222 Eagle Hill Dr.	11222 Eagle Hill Dr.
Riverview, FL 33578	Riverview, FL 33578
	Registered Office, & Registered Agent's Signature:

11222 Eagle Hill Dr. Florida street address (P.O. Box NOT acceptable)

Name

Riverview

ARTICLE I - Name:

FL 33578 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)

Page 1 of 2

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

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

MGRM	Mary L. Leonard
·····	11222 Eagle Hill Dr.
	Riverview, FL 33578
	,
	Jr. d
	iirta
	
	<u> </u>
	<u> </u>
(Use attachment if necessary)	
	he date of filing: (OPTIONA be specific and cannot be more than five business day

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.)

Mary L. Leonard

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)