## 11000102453

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
PICK-UP   WAIT   MAIL  (Business Entity Name)  (Document Number)

Special Instructions to Filing Officer:

L. SELLERS

SEP -7 2011

**EXAMINER** 

Office Use Only



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## **COVER LETTER**

·	TO:	Registration S Division of Co			
	SURJE	cr. M Squ	ared Innovation	S	
	50301			ted Liability Company	
	The end	closed Articles of	Organization and fee(s) are	submitted for filing.	
	Please	return all corresp	ondence concerning this mat	ter to the following:	
		Marrio V	McLaurin		
		IVICITIO V.	WICLAUTIII	Name of Person	
				Firm/Company	
		8700 Mai	land Summit Blve	d #401	
	•			Address	
	(	Orlando, Fl	_ 32810		
	•	<u> </u>	Cir	ty/State and Zip Code	
	<u> </u>	MarrioVidaN	1cLaurin@gmail.cor		
			·	for future annual report notification	1)
	For furt	her information of	concerning this matter, pleas	e call:	
	Marri	o V. McLau	rin	at (407 ) 304-714	37
		Name (	of Person	Area Code & Daytime T	elephone Number
	Enclos	ed is a check fo	r 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 Addre Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 3230	ons er Circle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A INTERIOR IS A DATE OF THE STATE OF THE STA	
ARTICLE I - Name: The name of the Limited Liability Company is.	:
	•
M Squared Innovations, LLC	
(Must end with the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")
ADDICE DE LA LL.	
ARTICLE II - Add <b>ress:</b> The mailing address and street address of the n	rincipal office of the Limited Liability Company is:
. The marring address and sheet address of the p	interpart of the climited Euronity Company is.
Principal Office Address:	Mailing Address:
3700 Maitland Summit Blvd	8700 Maitland Summit Blvd
<del>/</del> 401	#401
Orlando, FL 32810	Orlando, FL 32810
business entity with an active Florida registration.)  The name and the Florida street address of the Marrio V. McLaurin	registered agent are:
Name	
8700 Maitland Su	mmit Blvd #401
Florida street ad	dress (P.O. Box NOT acceptable)
Orlando	<sub>FL</sub> 32810
City, St	ate, and Zip
liability company at the place designated in a registered agent and agree to act in this capacit statutes relating to the proper and complete pe	accept service of process for the above stated limited this certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S
Registered Agent's Signat	ture (REQUIRED)

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:

	<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
	MGRM	Marrio V. McLaurin
		8700 Maitland Summit Blvd #401
		Orlando, FL 32810
•		
,		
	(Use attachment if necessary)	
(If ar	ICLE V: Effective date, if other th	an the date of filing: (OPTIONAL) nust be specific and cannot be more than five business days prior
(If ar	ICLE V: Effective date, if other the effective date is listed, the date in	an the date of filing: (OPTIONAL)  nust be specific and cannot be more than five business days prior
(If ar	ICLE V: Effective date, if other the effective date is listed, the date in 90 days after the date of filing.)  REQUIRED SIGNATURE:	nust be specific and cannot be more than five business days prior
(If ar	ICLE V: Effective date, if other the effective date is listed, the date in 90 days after the date of filing.)  REQUIRED SIGNATURE:	an the date of filing: (OPTIONAL) nust be specific and cannot be more than five business days prior member of an authorized representative of a member.
(If ar	ICLE V: Effective date, if other the effective date is listed, the date in 90 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a reconstitutes an affirmation	member of an authorized representative of a member.  ion 608.408(3), Florida Statutes, the execution of this document in under the penalties of perjury that the facts stated herein are true.
(If ar	ICLE V: Effective date, if other the effective date is listed, the date in 90 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a in the effective date in accordance with sect constitutes an affirmation I am aware that any false constitutes a third degree.	member of an authorized representative of a member.  ion 608,408(3), Florida Statutes, the execution of this document

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)