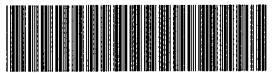
| (Requestor's Name) | |
|---|--|
| (Address) | |
| (Address) | |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAIL | |
| (Business Entity Name) | |
| (Document Number) | |
| Certified Copies Certificates of Status | |
| Special Instructions to Filing Officer: | |
| | |
| A LUNT | |

FEB -3 2011

Office Use Only



500219728855

02/02/12--01004--013 **160.00

COVER LETTER

| | ion Section of Corporations | | |
|----------------------|--|---|--|
| SUBJECT: | M&M Phillips | s, LLC | % 20 |
| | | Liability Company | SECALI SECALI PALLAIN |
| The enclosed Artic | eles of Organization and fee(s) are sub | omitted for filing. | ASSE - Z |
| Please return all co | prespondence concerning this matter | to the following: | |
| | MORTON L. | Phillips, JR | |
| | M&m Phillip | 25, LLC | |
| | 25630 Old | GASlight DR | INE |
| <u> </u> | BONITA SON | Address RINGS, Florid tate and Zip Code | da 34135 |
| | E-mail address: (to be used for | future annual report notification) | |
| . 1 | ation concerning this matter, please can be seen at the seen at th | | OHO none Number |
| Enclosed is a chec | ck for the following amount: | _ | , |
| \$125.00 Filing Fee | \$130.00 Filing Fee & Certificate of Status | (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 | Street/Courier Address Registration Section Division of Corporations Clifton Building | |

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is: | | 2012 FEB | | | |
|---|-------------------------------------|----------|--|--|--|
| MAM Phillips, LLC | | | | | |
| (Must end with the words "Inmited Liability | Company, "L.L.C.," or "LLC.") | | | | |
| ARTICLE II - Address: The mailing address and street address of the prin | cinal office of the Limited Liebili | | | | |
| The mailing address and street address of the principal office of the Limited Liability Company is | | | | | |
| Principal Office Address: | Mailing Address: | | | | |
| 25630 Old GASlight DR. | 25630 Old GASI | ight DR. | | | |
| BONITA SPRINGS Florida 34135 | BONITA SPRINGS | 35 | | | |
| 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: | | | | | |
| MORTON L. Phillips, JR. | | | | | |
| Name | | | | | |
| 25630 Old GASlight DRIVE | | | | | |
| Florida street address (P.O. Box NOT acceptable) | | | | | |
| BONITA SDA | angs, Florida 3 | 34135 | | | |
| 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 (REQVIRED)

(CONTINUED)

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

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

| Title: | Name and Address: |
|---|---|
| "MGR" = Manager "MGRM" = Managing Member | |
| MERM | MORTON L. Phillips , JR. 25630 Old GASlight DR. BONITA, SORINGS, FIA. 34135 |
| MGRM | MARIA J. Phillips 25630 Old GASlight DR. BONITA SOBINGS, FlA. 74135 |
| | 20121 FALL |
| | FEB-2 |
| | |
| | |
| (Use attachment if necessary) | |
| ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must be to or 90 days after the date of filing.) | e date of filing: (OPTIONAL) se specific and cannot be more than five business days prior |
| 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.)

MORTON L. Phillips

Typed or printed name of signore

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)