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(Re	questor's Name)	
(Ad	dress)	· ·
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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EFFECTIVE DATE 05/01/12



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D. BRUCE
APR 1 2 2012
EXAMINER

COVER LETTER

	gistration Section . rision of Corporations	
SUBJEC	MM&WW U.C.	
	Name of Limited Liability Company	
The enclo	d Articles of Organization and fee(s) are submitted for filing.	
Please re	all correspondence concerning this matter to the following:	
_	William Welsh Name of Person	
	Name of Person	
	AR-Specialties	
	Firm/Company	
	AR-Specialties Firm/Company 3448 Quantum lakes Prive	
	Address	
	Boynton Beach, FL 33426 City/State and Zip Code racer burl @ Yahoo. com E-mail address: (to be used for future annual report notification)	_
	City/State and Zip Code	_
- 	racer bur 1 e yahoo. com	ينب
	E-mail address: (to be used for ruture annual report notification)	i Eili
For further	information concerning this matter, please call:	
	information concerning this matter, please call: 561 villiam Welsh at (48) 736-3845	
	Name of Person Area Code & Daytime Telephone Number	
Enclosed	a check for the following amount:	
\$125.00 F	ring Fee \$\int_{\text{\$130.00 Filing Fee & Certificate of Status}}\$155.00 Filing Fee & \$\int_{\text{\$\$\$}\$\$}\$	
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
MM & WW	L.L.C.
(Must end with the words "Limited Liabil	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3448 Quantum Likes Drive Boynton Deach, FL 33426	3448 Quantum lakes Price Boymon Beach, FL 33426
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	ered Agent. You must designate an individual or another
The name and the Florida street address of the re	egistered agent are:
William W Name	
3448 Q	ress (P.O. Box NOT acceptable)
Boynlan Beach City, Ste	FL 33426 te, and Zip
Harrier been some day not be and a set of the	recent comics of museum for the above stated limited

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

TOTIVE DATE 05/01/12

ARTICLE I - Name:

	' = Manager M" = Managing Me	Name and Address:
<u>M</u>	GR	Lilliam holsh 3448 Anentra lates Drie Boynlon Beach FL 33426
<u>M</u>	GR	Miroslava Marinova 3443 Auralum Lakes Price Boynlon Beach, FL 33426
·.		
	·	
ICLE V:	date is listed, the d	ner than the date of filing: May 1, 2017. (OPTIONAL) ate must be specific and cannot be more than five business days
ICLE V: effective 90 days at	Effective date, if oth	ner than the date of filing:
ICLE V: effective 90 days at	Effective date, if oth date is listed, the date the date of filin	ner than the date of filing:
ICLE V: effective 90 days at	Effective date, if oth date is listed, the date of filin IRED SIGNATUR Signature (In accordance with constitutes an affir I am aware that an	ner than the date of filing: May 1, 2017. (OPTIONAL) ate must be specific and cannot be more than five business days page.) RE:

\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)