L/2000/27558

(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: W12-45696		
A. LUNT		
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FLORIDA DEPARTMENT OF STATE Division of Corporations

September 4, 2012

BETH MARAMAN 920 LINDEN AVE. NICEVILLE, FL 32578

SUBJECT: M & M ENTERPRISES LLC.

Ref. Number: W12000045696

We have received your document for M & M ENTERPRISES LLC. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The word "Limited" may be abbreviated as "Ltd." andthe word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company", "L.C.", and "LC".

The document number of the name conflict is 229946 M & M ENTERPRISES INC..

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Letter Number: 412A00022381

Agnes Lunt Regulatory Specialist II

ATT: AGNES LUNT

COVER LETTER

Registration Section

TO:

Division of Corporations		
SUBJECT: M & M Commercial	Enterprises LLC	
Name of E	limited Diability Company	
The enclosed Articles of Organization and fee(s)	are submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
E Beth Maraman		74.5 23 12
	Name of Person	A 61
M & M Commercial Ente	erprises LLC	-3 ASSE
	Firm/Company	
PO Box 1045		SIA
	Address	9
Niceville, Florida 32588		
	City/State and Zip Code	
dolphine@cox.com E-mail address: (to be u	sed for future annual report notification)	
For further information concerning this matter, pl	lease call:	
Beth Maraman	at (850) 699-5201	
Name of Person	Area Code & Daytime Telephone Nu	mber
Enclosed is a check for the following amount	t:	
\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.0 Certified Copy Certificational copy is enclosed)	00 Filing Fee, icate of Status & ied Copy is enclosed)
Mailing Address Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	Clifton Building	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY ARTICLE I - Name: The name of the Limited Liability Company is: M & M Commercial Enterprises 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: **Mailing Address: Principal Office Address:** 920 Linden Avenue PO Box 1045 Niceville, Florida 32588 Niceville, Florida 32578 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: Evangeline Beth Maraman 920 Linden Avenue Florida street address (P.O. Box NOT acceptable) Niceville FL 32578 City, State, and Zip Having been named as registered agent and to accept service of process 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)

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	Name and Address:	SECRETARY OF THE PROPERTY OF T
"MGRM" = Managing Member		S. S. T
MGRM	Beth Maraman	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	PO Box 1045	
	Niceville, FL 32588	in the second se
		2 a
		
		<u> </u>
		
(Use attachment if necessary)		

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: September 21, 2012 (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.)

Beth Maraman

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)