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(850) 245-6051.

COVER LETTER

TO:	Registration Section
	Division of Corporations

SUBJECT: MMP PROFESSIONAL SERVICES LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Maite Miranda-Paz

Name of Person

MMP PROFESSIONAL SERVICES LLC

Firm/Company

9800 SW 71ST AVENUE

Address

MIAMI, FLORIDA 33156

City/State and Zip Code

305

maitemirandapaz3@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maite Miranda-Paz

Name of Person

Area Code & Daytime Telephone Number

519-4

Enclosed is a check for 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)

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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

OF

MMP PROFESSIONAL SERVICES LLC

ARTICLE 1 - NAME

The name of the limited liability company (hereinafter called the "<u>Company</u>") is **MMP PROFESSIONAL SERVICES LLC**.

ARTICLE II – PRINCIPAL OFFICE

The address of the principal office and the mailing address of the Company is 9800 S.W. 71ST AVENUE, MIAMI, FLORIDA 33156.

ARTICLE III - DURATION

The period of duration for the Company shall be perpetual.

ARTICLE IV – REGISTERED AGENT AND REGISTERED OFFI	<u>CE</u> ,	5	
The name and the Florida street address of the Registered Agent are:	NLLAR.	NUC BLB2	$\overline{\gamma}$
MAITE MIRANDA-PAZ		12	
Name		+ 10 +	5] e
9800 S.W. 71 ST AVENUE	E STATE		pro ang
Florida street address (P.O. Box NOT acceptable)	ID,A	27	
MIAMI, FLORIDA 33156			

City, State and Zip

Having been named as the 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.,

Maite Miranda-Paz

Date: June 13, 2013

(Registered Agent's Signature)

<u>ARTICLE V – MANAGER(S)</u>

The management of Company shall be vested in a Board of Managers (the "<u>Board of</u> <u>Managers</u>"). The Board of Managers of the Company shall consist of at least one (1) Manager, with the exact number to be fixed from time to time in the manner provided in the Limited Liability Company Agreement of the Company.

The name and address of the initial Manager is as follows:

.....

Name/Title: Name and Address MAITE MIRANDA-PAZ, Manager 9800 S.W. 71ST AVENUE <u>MIAMI, FL_33156</u> EZEQUIEL PAZ, Manager 9800 S.W. 71ST AVENUE MIAMI, FL 33156 **ARTICLE VI** I The Company is to be managed by one or more managers and is, therefore, a manager managed company. By: (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.) MAITE MIRANDA-PAZ, SOLE MEMBER

Typed or printed name of signce 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)