L13000116989

(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:		
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SECRETARY OF STATE
FALLAHARSSEE

COVER LETTER

?o:

Registration Section Division of Corporations

SHR IFCT:

TM&F,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:

Melissa Grace Latty Name of Person		
106 N Peninsula Av	venue	
	Address	
New Smyrna Beach	n, Florida 32169	
	City/State and Zip Code	
mlatty@aol.com		
E-mail address: (to be us	ed for future annual report notification)	

For further information concerning this matter, please call:

Melissa Grace Latty

...407

256-5523

Name of Person

Area Code & Daytime Telephone Number

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)

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 21, 2013

MELISSA GRACE LATTY 106 N. PENINSULA AVENUE NEW SMYRNA BEACH, FL 32169

SUBJECT: TM&F, LLC

Ref. Number: W13000036083

We have received your document for TM&F, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is distinguishable on our records. However, the name is similar to a name already on file with this office. Therefore, the use of this name may result in future complications. The name of the existing entity is: TMF LIMITED PARTNERSHIP, document number A95000000477.

You may 1.) resubmit the document under the current name; or 2.) choose to file under another name. If you choose to file under another name, please make the appropriate correction throughout the document(s).

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) 245-6051.

Leslie Sellers Regulatory Specialist II

Letter Number: 313A00015677



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 30, 2013

MELISSA GRACE LATTY 106 N. PENINSULA AVENUE NEW SMYRNA BEACH, FL 32169

SUBJECT: TM&F, LLC

Ref. Number: W13000036083

We have received your document for TM&F, LLC and your check(s) totaling \$. 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. 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".

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) 245-6051.

Leslie Sellers Regulatory Specialist II

Letter Number: 713A00018282

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
The Mermaid of	- Fisherman, LCC
-TMAF, LLC	MIP CC
(Must end with the words "Limited Liabilit	y Company, "L.L.C.," or "LLC.")
A DOTTION TO A A A A A A A A A A A A A A A A A A	
ARTICLE II - Address:	nainal office of the Limited Lighility Company is:
The maining address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
106 N Peninsula Avenue	106 N Peninsula Avenue
New Smyrna Beach, Florida	New Smyrna Beach, Florida
32169	32169
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.) The name and the Florida street address of the re	red Agent. You must designate an individual or another
Melissa Grace Latty	
Name	
106 N Peninsula Avenue	
Florida street address (P.O. Box NOT acceptable)	
New Smyrna Beach, Florid	ժ _{ՔL} 32169
City, Star	ee, and Zip
v v	ccept service of process for the above stated limited his certificate, I hereby accept the appointment as

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

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	
MGRW - Managing Member	
MGR	Melissa Grace Latty
	106 N Peninsula Avenue
	New Smyrna Beach, Florida 32169
MGRM	Frederic Robert
	105 N Peninsula Avenue
	New Smyrna Beach, Florida 32169
(Use attachment if necessary)	
A IDEDICAL PLAY - IDEC - Alice - dec - de Control de la co	data of films.
ARTICLE v: Effective date, if other than the	date of filing: (OPTIONAL) be specific and cannot be more than five business days
prior to or 90 days after the date of filing.)	be specific and cannot be more than tive business days
prior to or 70 days after the date of iming.	
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.)

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)