L130045973

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	··········
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	· /• · · · · · · · · · · · · · · · · · ·

Office Use Only



100251408481

09/18/13--01023--014 **130.00



W13-52125

EFFECTIVE DATE 09/13/13

OCT 16 2013

D. ERUCE



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 19, 2013

MICHAEL MATES P.O. BOX 21646 TAMPA, FL 33622

SUBJECT: M & Y, LLC

Ref. Number: W13000052125

We have received your document for M & Y, LLC and your check(s) totaling \$130.00. 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. 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." and the 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 L020000008168 & L07000064891.

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.

Deborah Bruce Regulatory Specialist II

Letter Number: 513A00022063

www.sunbiz.org

Division of the control of the contr

FAX COVER SHEET

ТО		
COMPANY		_
FAX NUMBER	18502456030	
FROM	michael mates	
DATE	2013-10-14 21:08:41 GMT	
RE	Correction of LLC filing application	

COVER MESSAGE

Dear Ms. Bruce,

Pursuant to our recent conversation, I am attaching my corrected LLC Articles of Organization. As requested, we have changed the requested name from M&Y, LLC to MATES LAW FIRM, LLC.

Also, as we discussed, we would appreciate the if the effective date would reflect our original date of filing, if possible.

Thank you for your help on this matter.

Sincerely,

Michael Mates

813-512-8553

2013 SEP 18 PM 3: 53

13 OCT 14 PH 12: 00

COVER LETTER

TO: Registration Division of C	Section Corporations		
SUBJECT: M 8	Y, LLC		
	Name of Limi	ted Liability Company	·
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please return all corre	spondence concerning this mat	ter to the following:	
Michae	el Mates		
		Name of Person	
M & Y,	LLC		
		Firm/Company	
P.O. B	ox 21646		386
 ,		Address	
Tampa	a, FL 33622		E FE
		ty/State and Zip Code	
m3mates	@gmail.com	for future annual report notification)	
For further informatio	n concerning this matter, please	•	
Michael M	lates	₂ ,954 \ 531-7375	
	e of Person	at ()	
Enclosed is a check	for the following amount:		
□\$125.00 Filing Fee	■\$130.00 Filing Fee & Certificate of Status	Certified Copy Certificational copy is enclosed) Certificational copy is enclosed)	00 Filing Fee, icate of Status & ied Copy onal 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	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	DT	TOT	TC 1	T 1	Name	
		1 E . I	a 11.		. У И ПТ	•

ARTICLE II - Address:

The name of the Limited Liability Company is:

Principal Office Address:	Mailing Address:	
7243 Gennaker Drive	P.O. Box 21646	
Tampa, FL 33607	Tampa,FL 33622	
the initios basing company varieties to as its		
business entity with an active Florida registration.) The name and the Florida street address Michael Males, Esq.		2013 SEP
The name and the Florida street address		211
The name and the Florida street address	s of the registered agent are:	SECOND DARY OF THE SECOND SECO
The name and the Florida street address Michael Males, Esq. 7243 Gennaker Dr	s of the registered agent are:	2013 SEP 18 PM SEPPETARY OF S FAHLAHMSSEEFE
The name and the Florida street address Michael Males, Esq. 7243 Gennaker Dr	Name street address (P.O. Box <u>NOT</u> acceptable)	SECOND DARY OF THE SECOND SECO

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

EFFECTIVE DATE 09/13/13

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

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

"MGRM" = Managing Member		
MGRM	Michael Mates	
	7243 Gennaker Drive	
	Tampa, FL 33607	
MGRM	Kim Yozgat	
	2270 NW 21ST PL	_
	Gainesville, FL 32605	_
•	•	
		_
	eroet, Mer (200
		_ = S
		<u> </u>
(Use attachment if necessary)		2 8
(Ose attachment if necessary)) <u>19</u>
LE V: Effective date, if other than the	e date of filing: September 13, 2013 . (CPT	IONAL
ffective date is listed, the date mus or 90 days after the date of filing.)	t be specific and cannot be more than five b	nsinės

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 docinition constitutes an affirmation under the penalties of perjury that the facts stated herein greature 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.)

MICHASL MATES
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)