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(Re	questor's Name)			
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PICK-UP	WAIT	MAIL		
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## **COVER LETTER**

TO:	Registration S Division of Co				
SUBJE	ест:	MM RB LL Name of Limit	ed Liability Company		
The end	closed Articles o	of Organization and fee(s) are	submitted for filing.		
Please	return all corresp	oondence concerning this matt	er to the following:		
	^	MARK A. MURI	Name of Person		<del></del>
			Name of Person		
			Firm/Company		
	218	ALMERIA RO	Ah	~	,
•			Ab Address		<u> </u>
	WEST	PALM BEA	cH, FL 33405	KEINRY OF STATE	
	aa aa aa aa baa	Cit Pheilinson advisar	ygroup. Com druhture annual report notification)	1035 1035 1035 1035 1035 1035 1035 1035	
•		E-mail address: (to be used to	for duture annual report notification)	S I	5 (
For furt	ther information	concerning this matter, please	call:	STATE OF THE PARTY	χ Σ
Ma	rkA.	Murchy of Person	at ( 561 ) 307-2 Area Code & Daytime Telep	hone Number	
,		or the following amount:			
<b>7</b> \$125,	00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee Certificate of Statu Certified Copy (additional copy is encl	s &
		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 C Tallahassee, FL 32301	ircle	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
MM RB, LLC (Must end with the words "Limited Liability	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
ZIB ALMERJA ROAD WEST PALM BEACH, FL 33405	West Palm Brach, FL73405
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	red Agent. You must designate an individuation another
The name and the Florida street address of the re	The state of the s
Mark A. N Name	
2 18 ALMERTA	ress (P.O. Box NOT acceptable)
WEST PALM BEACH	1 <sub>FL</sub> 33405
,	te, and Zip

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 (REOUIRED

(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 MARK A. MURPHY 213 ALMERIA ROAD MGRM (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing: ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_\_\_ (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:**

(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.)

Signature of a member or an authorized representative of a member.

Mark A. Murphy
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)