

L14000046558

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

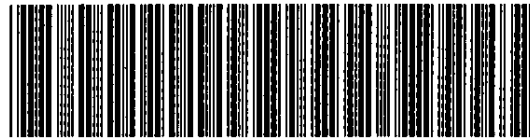
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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02/26/14--01010--018 **125.00

EFFECTIVE DATE

2/24/14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 FEB 26 PM 4:14

FILED

N. Cuffigan MAR 20 2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: M2 Enterprises

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:

Margie Freeman

Name of Person

Firm/Company

95 Eastwinds Court

Address

Palm Harbor, FL

City/State and Zip Code

markhimmel01@yahoo.com

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

For further information concerning this matter, please call:

Margie Freeman

at (727)

359-9966

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

February 27, 2014

MARGIE FREEMAN
95 EASTWINDS COURT
PALM HARBOR, FL 34683

SUBJECT: M2 ENTERPRISE, LLC
Ref. Number: W14000012871

We have received your document for M2 ENTERPRISE, 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 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 : M2 ENTERPRISES, INC., document number P99000004023.

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.

Neysa Culligan
Regulatory Specialist II

Letter Number: 914A00004375

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

~~M2 Enterprise, LLC~~ M2 Concepts, 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:

Principal Office Address:

95 Eastwinds Court
Palm Harbor, FL 34683

Mailing Address:

2710 AH.19
Suite 301-162
Palm Harbors, FL 34683

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:

Margie Freeman Name
95 Eastwinds Court
Florida street address (P.O. Box NOT acceptable)
Palm Harbor FL 34683
City 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 605, F.S.

Margie Freeman
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

President

Name and Address:

Margie Freeman

95 Eastwinds Court

Palm Harbor, FL 34683

VP Operations

Mark Himmelreich

PO Box 1236

Zephyrhills, FL 33542

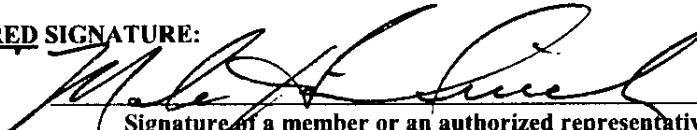
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: February 24, 2014 (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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.
(In accordance with section 605.0203 (1) (b), 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.)

Mark Himmelreich

Typed or printed name of signer

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)

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2014 FEB 26 PM 4:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA