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T. BROWN

## COVER LETTER

TO:

**Registration Section** 

Division of Corporations		•
SUBJECT. MMD Home Improvement II C		
SUBJECT: MMP Home Improvement LLC.  Name of Lin	nited Liability Company	
The enclosed Articles of Organization and fee(s) and	re submitted for filing.	
Please return all correspondence concerning this m	atter to the following:	
Misael Prieto		
•	Name of Person	
MMP Home Improvement LLC.		
	Firm/Company	
3145 N.W. 50 St	A.1.1	
	Address	
Miami, Florida 33142	ity/State and Zip Code	
Mary 175 0 0 mm 1 mm 2		
E-mail address: (10 be used	d for future annual report notifi	cation)
For further information concerning this matter, plea	ise call:	
Misael Prieto at (	)	
Name of Person	Area Code Daytime T	elephone Number
Enclosed is a check for the following amount:		•
\$125.00 Filing Fee \$\overline{\overl	\$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 Ad Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	n ations nter Circle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

AN	TICLES OF ONGAINZATION FOR	FEORIDA LIMITED LIADILIT	I COMPAINT
ARTICLE I - Name: The name of the Limit	ted Liability Company is:		"or "LLC.")
MMP Home Improv	rement LLC (Must end with the words "Limited")	11:-Lilia C	300 Mg
(	(Must end with the words "Limited	I Liability Company, "L.L.C.,	or TLLC.
ARTICLE II - Address a	ess: and street address of the principal c	office of the Limited Liability	Company is:
Principal Office Add	lress:	Mailing Address:	
3145 N.W. 50 St Miami, Florida 3314	12		
(The Limited Liability	stered Agent, Registered Office,  Company cannot serve as its own ty with an active Florida registration	Registered Agent. You must	
The name and the Flor	rida street address of the registered	d agent are:	
	Misael Prieto Name		-
	, turns	•	
	3145 N.W. 50 St		_
	Florida street address (P.O. Bo	x NOT acceptable)	
	Miami, Florida	FL 33142	_
	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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGM	Misael Prieto
	3145 N.W. 50 St
	Miami, Florida 33142
<del></del>	
	<u>.</u>
	·
	***************************************
(Use attachment if necessary)	
E V: Effective date, if other than the datective date is listed, the date must be s	te of filing: (OPTIONAL) specific and cannot be more than five business days prior to or s
E V: Effective date, if other than the date ective date is listed, the date must be sof filing.)  E VI: Other provisions, if any.	specific and cannot be more than five business days prior to or 9
EV: Effective date, if other than the date cetive date is listed, the date must be sof filing.)  EVI: Other provisions, if any.	specific and cannot be more than five business days prior to or s
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LE V: Effective date, if other than the date fective date is listed, the date must be so of filing.)  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a m  (In accordance with section of constitutes an affirmation und I am aware that any false info	specific and cannot be more than five business days prior to or s
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ARTICLE IV-