L14000064901

(Requestor's Name)
(Address)
(Address)
(iddicoo)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(2004)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100258984451

04/18/14--01024--017 **130.00

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJI	ECT: M & M Removal Solutions LLC, Name of Lir	nited Liability Company	
The en	closed Articles of Organization and fee(s) as	re submitted for filing.	
Please	return all correspondence concerning this m	atter to the following:	
	Mark Walker, Richard McGraw	Name of Person	
	Removal Solutions	Firm/Company	
	4020 Miramar Way S	Address	ALLE ALLE AND THE SECOND SECON
	St Petersburg FL 33705	City/State and Zip Code	
<u>Q</u> i	uestions@removalsolution.com E-mail address: (to be use	d for future annual report notifica	tion)
For fur	ther information concerning this matter, plea	ase call:	
<u>Mark \</u>	Nalker, Mickey Mcgraw at (** Name of Person	727) 753-9464 Area Code Daytime Tel	ephone Number
	ed is a check for the following amount: 90 Filing Fee \$\times 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 Addr Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle

$\textbf{ARTICLES} \ \textbf{OF} \ \textbf{ORGANIZATION} \ \textbf{FOR} \ \textbf{FLORIDALIMITEDLIABILITY} \ \textbf{COMPANY}$

ARTICLE I - Name: The name of the Limited Liability Company is:			
M & M Removal Solutions L.L.C. (Must end with the words "Limited	d Liability Company, "L.L.C.," or "LLC.")	approxima	
ARTICLE II - Address: The mailing address and street address of the principal of			
Principal Office Address:	Mailing Address:		
4020 Miramar Way S St Petersburg FL 33705	4020 Miramar Way S St Petersburg FL 33705		
ARTICLE III - Registered Agent, Registered Office, (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration	n Registered Agent. You must designate an ind	 lividual or	
The name and the Florida street address of the registered	d agent are:	3 2 2	
Mark E Walker			
Nam	e	AFR T	
4020 Miramar Way S		R 18 AM	- -,
Florida street address (P.O. Bo	x NOT acceptable)	me a C	-1
St Petersburg	FL 33705		
City	Zip	25 5	
Having been named as registered agent and to accept so the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the of	pt the appointment as registered agent and agre s of all statutes relating to the proper and compl	ee to act in this lete performance	
Registered Agent's Sign	ature (REQUIRED)		
(CONTINI	UED)		
Page 1 of	·2		

<u>Title:</u>	Name and Address:		
"AMBR" = Authorized Member	· ······		
"MGR" = Manager			
AMBR	MArk E Walker	_	
	4020 Miramar Way S	_	
	St Petersburg FL 33705	-	
AMBR	Richard McGraw		
· · · · · · · · · · · · · · · · · · ·	4020 Miramar Way S	-	
	St Petersburg FL 33705	-	
·····			
		_	
		-	
		_	
	· · · · · · · · · · · · · · · · · · ·	=	
E V: Effective date, if other than the date of ective date is listed, the date must be spec	f filing: (OPTIONAL) ific and cannot be more than five business days prior to or 9	90 days :	afte
E V: Effective date, if other than the date of ective date is listed, the date must be specifilling.)	f filing: (OPTIONAL) ific and cannot be more than five business days prior to or 9	90 days :	ıfte
(Use attachment if necessary) E V: Effective date, if other than the date of extive date is listed, the date must be specifilling.) E VI: Other provisions, if any.	f filing: (OPTIONAL) ific and cannot be more than five business days prior to or 9	90 days :	afte
E V: Effective date, if other than the date of ective date is listed, the date must be specifilling.) E VI: Other provisions, if any.	ific and cannot be more than five business days prior to or 9	90 days	ıfte
E V: Effective date, if other than the date of ective date is listed, the date must be specifiling.) E VI: Other provisions, if any.	ific and cannot be more than five business days prior to or 9	90 days :	afte
E V: Effective date, if other than the date of ective date is listed, the date must be specifiling.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	ific and cannot be more than five business days prior to or		ıfte
E V: Effective date, if other than the date of ective date is listed, the date must be specifiling.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	ific and cannot be more than five business days prior to or		ıfte
E V: Effective date, if other than the date of ective date is listed, the date must be specifilling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a medical macropidance with section 605.	ber or an authorized representative of a member. 0203 (1) (b), Florida Statutes, the execution of this document		afte
E V: Effective date, if other than the date of ective date is listed, the date must be specifilling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a medical macro dance with section 605, constitutes an affirmation under	ific and cannot be more than five business days prior to or some state of a member. 1. (1) (1) (2) (3) (1) (4) (5) (5) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7		
E V: Effective date, if other than the date of ective date is listed, the date must be specifiling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a medical med	ber or an authorized representative of a member. 0203 (1) (b), Florida Statutes, the execution of this document		2019
E V: Effective date, if other than the date of ective date is listed, the date must be specifiling.) E VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a mention of the section 605 constitutes an affirmation under I am aware that any false inform constitutes a third degree felony	there or an authorized representative of a member. 10203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true, attion submitted in a document to the Department of State as provided for in s.817.155, F.S.)		2019
E V: Effective date, if other than the date of ctive date is listed, the date must be specifiling.) E VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a medical constitutes an affirmation under I am aware that any false inform constitutes a third degree felony	the penalties of perjury that the facts stated herein are true. at provided for in s.817.155, F.S.)		2019
E V: Effective date, if other than the date of ective date is listed, the date must be specifiling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a medical med	there or an authorized representative of a member. 10203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true, attion submitted in a document to the Department of State as provided for in s.817.155, F.S.)		