L14000085746

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(Business Entity Name)
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SECRETARY DE STATE

N. Guilligan MAY 2.8.2014

COVER LETTER

Division of C	Section Corporations		
SUBJECT: Mand	M. Investments LLC	nited Liability Company	
	Name of Lin	inted Liability Company	
The enclosed Articles	of Organization and fee(s) as	re submitted for filing.	
Please return all corre	spondence concerning this m	atter to the following:	
Marvin A	nderson		
· · · · · · · · · · · · · · · · · · ·		Name of Person	
M.And M	. Investments LLC		
		Firm/Company	
4590 Ha	lkirk Ct	4.11	
		Address	
<u>Palm Ha</u>	rbor.FI 34685	City/State and Zip Code	
		ny, batto ana cip coav	
<u>maryin1anders</u>	on@gmail.com E-mail address: (to be use	d for future annual report notifica	ition)
			·
For further information	n concerning this matter, plea	ase call:	
Marvin Anderson	at (at (_at (727 <u>492-4547</u> Area Code Daytime Tel	ephone Number
Naus	ne of Person	Area Code Dayunie Ter	ephone Number
Frankrand in a skarde fo	a tha Callandan amanati		
	or the following amount:	_	_
☐ \$125.00 Filing Fee	☐\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy	✓ \$160.00 Filing Fee, Certificate of Status &
	Confidence of Status	(additional copy is enclosed)	Certified Copy
			(additional copy is enclosed)
	iling Address	Street/Courier Add	ress
Reg	istration Section	Registration Section	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 16, 2014

MARVIN ANDERSON 4590 HALKIRK CT PALM HARBOR, FL 34685

SUBJECT: M AND M INVESTMENTS LLC

Ref. Number: W14000031188

We have received your document for M AND M INVESTMENTS LLC and your check(s) totaling \$160.00. 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.

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 contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

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: 414A00010623

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:		
	Investments LLC ed 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:	Mailing Address:	
4590 Halkirk Ct Palm Harbor, Fl 34685	4590 Halkirk Ct Palm Harbor FI, 34685	·
ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its ow another business entity with an active Florida registration	n Registered Agent. You must designate an	2
The name and the Florida street address of the registered	ed agent are:	
Marvin Anderson Nam	ne	FILLED IN 28 PM MIASSEE, F
4590 Halkirk Ct Florida street address (P.O. Bo	ox NOT acceptable)	A 4:3 STATE
Palm Harbor City	FL 34685 Zip	A T
Having been nomed as registered agent and to accent	•	liability company at

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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:		
"MGR" = Manager	Manda Andrones		
MGR	Marvin Anderson 4590 Halkirk Ct	-	
	Palm Harbor FI, 34685	-	
	Paim naroor Ft. 34965	_	
AMBR	Mary Winkel	-	
	4590 Halkirk Ct	_	
	Palm Harbor FL 34685	-	
***************************************		_	
		-	
		-	
		_	
		_	
(Use attachment if necessary)			
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