## L14000154150

(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:					

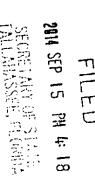




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## . COVER LETTER

**Registration Section** 

P.O. Box 6327 Tallahassee, FL 32314

TO:

Division of Corporations			
SUBJECT: M2 Asset Services LLC			
Name of Lin	mited Liability Company		
The enclosed Articles of Organization and fee(s) a	re submitted for filing.		
Please return all correspondence concerning this m	natter to the following:		
Melva G. Wagner			
	Name of Person		
M2 Asset Services			
	Firm/Company		
2487 River Reach Drive	Address	<u> </u>	
	Address		
Naples, FL 34104	City/State and Zip Code		
melva@M2AssetServices.com E-mail address: (to be use	ed for future annual report notifica	tion)	
For further information concerning this matter, ple			
	305 ) 797-4324	<del></del>	
Name of Person	Area Code Daytime Tel	ephone Number	
Enclosed is a check for the following amount:			
\$125.00 Filing Fee \$\sum \text{\$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	Street/Courier Addr	ress	
Registration Section Division of Corporations	Registration Section Registration Section Division of Corporations Division of Corporations		

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301



## FLORIDA DEPARTMENT OF STATE Division of Corporations

September 19, 2014

MELVA G. WAGNER 2487 RIVER REACH DRIVE NAPLES, FL 34101

SUBJECT: M2 ASSET SERVICES LLC

Ref. Number: W14000057567

We have received your document for M2 ASSET SERVICES LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date is not acceptable since it is not within five working days of the date of receipt.

Articles were received on 09/14/14.

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.

Letter Number: 214A00020137

Neysa Culligan Regulatory Specialist II

www.sunbiz.org

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
M2 Asset Services LLC (Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal offi	ce of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2487 River Reach Dr Naples, FL 34104	same
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.)  The name and the Florida street address of the registered agents.	egistered Agent. You must designate an individual or
<u>Jeffery Allen</u> Name	
Name	
1719 N. Roosevelt Blvd Florida street address (P.O. Box N	VOT accomtable)
Florida sueet address (F.O. Dox <u>P</u>	acceptable) $\infty$
Key West City	FL 33040 Zip
Having been named as registered agent and to accept serve the place designated in this certificate, I hereby accept to capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig	ice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this fall statutes relating to the proper and complete performance gations of my position as registered agent as provided for in r 605, F.S

Page 1 of 2

	ARTICLE IV- The name and address of	f each person authorized	to manage and control the Limited Liability Compan	ıy:		
•	Title: "AMBR" = Authorized "MGR" = Manager	Member	Name and Address:			
	AMBR		Melva G. Wagner			
			58a Bay Drive Key West, FL 33040	<del></del>		
	MGR		Karen Riffe	_		
	WGN		780 94th Ave North			
			St. Petersburg, FL 33702	<del></del>		
				_		
				<u> </u>		
				_		
	(Use attachment if neces	ssary)				
(If an ef	LE V: Effective date, if of fective date is listed, the of filing.)	ther than the date of filing date must be specific an	September #2014 (OPTIONAL) d cannot be more than five business days prior to d	or 90 day	's after	
ARTIC	LE VI: Other provisions, i	fany.				
					- - -	
	REQUIRED SIGNATU	URE:		ESE SE	2814 SEP 15	
	-/ <b>M</b>	War			SEP	FILE
	(In accordance	gnature of a member or with section 605 0203 (	an authorized representative of a member.  1) (b), Florida Statutes, the execution of this document		سد 13ء	5
	constitutes and	affirmation under the per	nalties of perjury that the facts stated herein are true.	en en	<b>.</b>	III
	I am aware/tha constitutes a th	Lary false information so nird degree felony as pro-	ubmitted in a document to the Department of State vided for in s.817.155, F.S.)	当の	바바	0
	N.	lelva G. Wagner				
	_13	Typed	or printed name of signee	1.*	් ආ	

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)