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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	——————————————————————————————————————
(Cit	ty/State/Zip/Phone	? #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

Division of Corporations
SUBJECT: M&M Automotive Parts Consultants LLC 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:
Mark Blodgett Name of Person
M&M Automotive Parts Consultants LLC Firm:/Company
2777 Day Lily Run Address
The Villages Florida 32162 City/State and Zip Code
cftusa1@gmail.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Mark Blodgett at (678) 283 6289 Name of Person —Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$\begin{array}{ c c c c c c c c c c c c c c c c c c c
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Clifton Publisher Street/Courier Address Registration Section Division of Corporations Clifton Publisher

P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
M&M Automotive Parts Consultants 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 of	ffice of the Limited Liability Company is	::
Principal Office Address:	Mailing Address:	
2777 Day Lily Run The Villages Florida 32162	2777 Day Lily Run The Villages Florida 32162	
ARTICLE III - Registered Agent, Registered Office, of (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration	Registered Agent. You must designate ar	n individuał or
The name and the Florida street address of the registered	agent are:	
Mark Blodgett		
Name		250 FEC
2777 Day Lily Run		が、
Florida street address (P.O. Box	NOT acceptable)	29
The Villages	FL 32162	The R Box
City	Zip	<u> </u>
Having been named as registered agent and to accept ser		ed liability confideny at

Having been named as registered agent and to accept service of process for the above stated limited liability complany 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..

Mark Slad
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager		
AMBR	Mark Blodgett	
	2777 Day Lily Run The Villages Florida 32162	
	The Villages Florida 32 rd2	
MGR	Marti Blodgett	
	2777 Day Lily Run	
	The Villages Florida 32162	
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	77670	
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(Use attachment if necessary)	29 71 71 21	
(out bimoinitelle it hoodsbury)		
ARTICLE V: Effective date, if other than the da	ate of filing: Jan 2 2015 (OPTIONAL)	
If an effective date is listed, the date must be	specific and cannot be more than five business days prior to of 90 days a	fter
he date of filing.)	•	
RTICLE VI: Other provisions, if any.		
EXTRACTOR VI. CORN PROVISIONS, II duy.		
TELECOPE VI. Odici provisionis, ii duy.		
The state of the provisions, it any.		
activity vi. Only provisions, if any.		
REQUIRED SIGNATURE:	101	
REQUIRED SIGNATURE:	Dlaker	
REQUIRED SIGNATURE:	Description and the state of a member.	
REQUIRED SIGNATURE: MacL Signature of a 1 (In accordance with section	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document	
REQUIRED SIGNATURE: Max	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document ider the penalties of perjury that the facts stated herein are true.	
REQUIRED SIGNATURE: Signature of a region of the section constitutes an affirmation under the section of the section constitutes are affirmation under the section of the section constitutes are affirmation under the section of the section constitutes are affirmation under the section of th	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true. Formation submitted in a document to the Department of State	
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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 (Oct.)

\$ 5.00 Certificate of Status (Optional)