

L15000067213

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

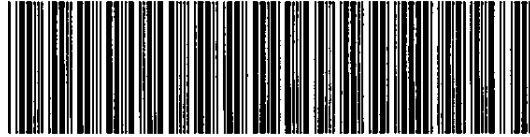
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DAVID A. ESQUIBIAS\*†  
RUTH D. MORROW  
TRACY H. KITZMAN

\*CERTIFIED SPECIALIST - ESTATE  
PLANNING, TRUST AND PROBATE LAW  
THE STATE BAR OF CALIFORNIA BOARD OF  
LEGAL SPECIALIZATION

†MASTER OF LAWS IN TAXATION

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WESTLAKE VILLAGE, CALIFORNIA 91361  
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SHANNON VAN NEST, PARALEGAL  
DAWN M. MASTERS, PARALEGAL  
AMY B. VITUCCI, PARALEGAL

December 30, 2014

VIA FEDERAL EXPRESS

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

RE: M & M BOYNTON 1208 LLC and  
M & M BOYNTON 409 LLC

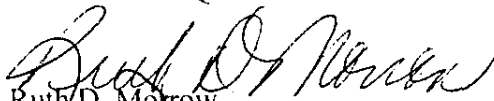
Dear Gentlemen:

I am enclosing the Articles of Organization for Florida Limited Liability Company regarding each of the above referenced LLC's. I am also enclosing two checks, each in the amount of \$130.00 reflecting the filing fee and fee for certificate of Status for each LLC. I have also enclosed a copy of each of the Articles, if you can conform them.

If you have any questions, please feel free to contact me.

Very truly yours,

LAW OFFICES OF  
DAVID A. ESQUIBIAS

  
Ruth D. Morrow

RDM:dmm  
Enclosures

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: M & M BOYNTON 409 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:

Ruth D. Morrow, Esq.  
Name of Person

Law Offices of David A. Esquibias  
Firm/Company

2625 Townsgate Rd., Suite 330  
Address

Westlake Village, CA 91361  
City/State and Zip Code

rdm@trustandfamilylaw.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ruth D. Morrow at ( 805 ) 267-1141  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|---|---|

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

**Street/Courier Address**  
Registration Section  
Division of Corporations  
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 BOYNTON 409 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 office of the Limited Liability Company is:

Principal Office Address:

2944 SW 22nd Circle, Unit 7A  
Delray Beach, FL 33445

Mailing Address:

11143 Lopez Court  
Moorpark, CA 93021

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Daniela Vechione

Name

2944 SW 22nd Circle, Unit 7A

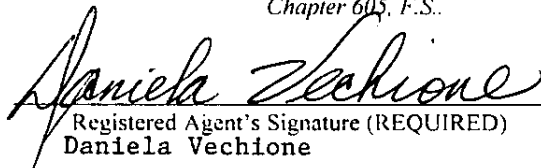
Florida street address (P.O. Box **NOT** acceptable)

Delray Beach, FL 33445

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)  
Daniela Vechione

(CONTINUED)

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TALLAHASSEE, FLORIDA

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

MICHAEL N. COSENZA

11143 Lopez Court

Moorpark, CA 93021

MGR

MARY ELLEN COSENZA

11143 Lopez Court

Moorpark, CA 93021

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Michael N. Cosenza

Typed or printed name of signee

**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)

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RECEIVED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA