L15000072068

(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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The Law Offices of Timothy K. Anderson
TIMOTHY K. ANDERSON, ESQ.
480 Maplewood Drive, Suite 5
Jupiter, Florida 33458

Brent E. Carrington
Closer

Lorraine A. Hinkle
Legal Assistant

April 14, 2015

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

Re: Filing of Articles of Organization for Florida Limited Liability Company
M. Collins Investments, LLC

To Whom it May Concern:

Please find enclosed executed Articles of Organization for Florida Limited Liability Company, along with a check for filing fee in the sum of $125.00, and a self-addressed, stamped envelope for return of filed documents.

Thank you for your assistance in this matter. If you have any questions please contact the undersigned at the above number.

Very truly yours,

Lorraine Hinkle,
Legal Assistant to
Timothy K. Anderson

TKA/lah

Enclosures

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TALLAHASSEE, FLORIDA

Telephone (561) 744-8255 E-address: info@atkalawoffice.com Facsimile (561) 744-8685

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: M. COLLINS INVESTMENTS, 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:

MARY ANN COLLINS
Name of Person

M. COLLINS INVESTMENTS, LLC
Firm/Company

18650 MISTY LAKE DRIVE,
Address

JUPITER, FLORIDA 33458
City/State and Zip Code

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

For further information concerning this matter, please call:

Timothy K. Anderson at (561) 744-8255
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☑ $125.00 Filing Fee ☐ $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 Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

M. COLLINS INVESTMENTS, 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:	**Mailing Address:**
18650 MISTY LAKE DRIVE JUPITER, FLORIDA 33458	18650 MISTY LAKE DRIVE JUPITER, FLORIDA 334548

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:

TIMOTHY K. ANDERSON
Name

480 MAPLEWOOD DRIVE, SUITE 5
Florida street address (P.O. Box **NOT** acceptable)

JUPITER FL 33458
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)

(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:	**Name and Address:**
"AMBR" = Authorized Member "MGR" = Manager	
AMBR	THE MARY ANNE COLLINS REVOCABLE TRU DATED FEBRUARY 26, 2015 18650 MISTY LAKE DR., JUPITER, FL 33458
MGR	MARY ANNE COLLINS 18650 MISTY LAKE DRIVE, JUPITER, FL 3345

(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.

NONE

REQUIRED SIGNATURE:

Mary Anne Collins

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.)

MARY ANNE COLLINS
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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TALLAHASSEE, FLORIDA