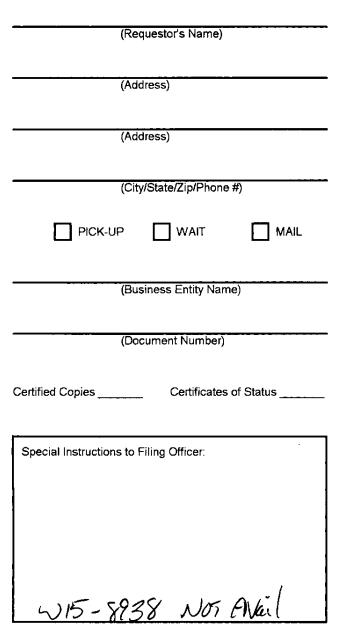
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Office Use Only

K.SALY EXAMINER MAY 1 3 2019

## **COVER LETTER**

TO:	Registration Division of C	Section Corporations		
SUBJ	ест: <u>ммн</u> (	Construction, LLC Name of Lir	mited Liability Company	
The er	nclosed Articles	of Organization and fee(s) a	re submitted for filing.	
Please	return all corre	spondence concerning this m	natter to the following:	
	Melissa I	Hawthorne	Name of Person	
			Name of Person	
	MMH Co	nstruction, LLC	Firm/Company	
	6522 NW	/ 32 Street		
			Address	
	Gainesvi	le, FL, 32653	City/State and Zip Code	
h	awthomemelis	sa@gmail.com E-mail address: (to be use	d for future annual report notifica	ation)
For fu	rther informatio	n concerning this matter, ple	ase call:	
<u>Melis</u>	sa Hawthorne Nan	at (;	352 ) 231-1893 Area Code Daytime Te	lephone Number
Enclos	ed is a check fo	or the following amount:		
<b>□ \$</b> 125.0	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)

Malling 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



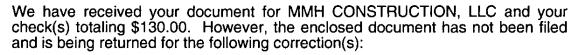
## FLORIDA DEPARTMENT OF STATE Division of Corporations

February 6, 2015

MELISSA HAWTHORNE 6522 NW 32 ST. GAINESVILLE, FL 32653

SUBJECT: MMH CONSTRUCTION, LLC

Ref. Number: W15000008938



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 appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L12000012072 "M.M.H. CONSTRUCTION, LLC".

The registered agent must sign accepting the designation.

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.

Karen A Saly Regulatory Specialist II

Letter Number: 715A00002551

www.sunbiz.org

ARTICLE I	- Name:	ج ۔
The name of	the Limited Liability Company is:	
ide semest const	truction, LLC	
COUNTY COUNT		imited Liability Company, "L.L.C.," or "LLC.")
	(Mast Sild Will the Words L	F.
ARTICLE II	I - Address:	
The mailing a	address and street address of the prin-	cipal office of the Limited Liability Company is:
Duit- in al Oc	20 - Addu	
<u>Principai Or</u>	fice Address:	Mailing Address:
0500 1844 00	2 Chroat	
5522 NW 32	z Sireei	6522 NW 32 Street
	FL. 32653  II - Registered Agent, Registered C	6522 NW 32 Street Gainesville, FL, 32653  Office, & Registered Agent's Signature:
ARTICLE II (The Limited another busin	FL, 32653  II - Registered Agent, Registered C Liability Company cannot serve as i ness entity with an active Florida reg	Gainesville, FL, 32653  Office, & Registered Agent's Signature: ts own Registered Agent. You must designate an individual or istration.)
ARTICLE II (The Limited another busin	II - Registered Agent, Registered C Liability Company cannot serve as inness entity with an active Florida regid the Florida street address of the regions.	Gainesville, FL, 32653  Office, & Registered Agent's Signature: ts own Registered Agent. You must designate an individual or istration.)
ARTICLE II (The Limited another busin	FL, 32653  II - Registered Agent, Registered C Liability Company cannot serve as i ness entity with an active Florida reg	Gainesville. FL. 32653  Office, & Registered Agent's Signature: ts own Registered Agent. You must designate an individual or istration.)  gistered agent are:
ARTICLE II (The Limited another busin	II - Registered Agent, Registered C Liability Company cannot serve as inness entity with an active Florida regid the Florida street address of the regions.	Gainesville, FL, 32653  Office, & Registered Agent's Signature: ts own Registered Agent. You must designate an individual or istration.)
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ARTICLE II (The Limited another busin	II - Registered Agent, Registered C Liability Company cannot serve as inness entity with an active Florida registered defined the Florida street address of the registered Melissa Hawthorne	Gainesville. FL. 32653  Office, & Registered Agent's Signature: ts own Registered Agent. You must designate an individual or istration.)  gistered agent are:
ARTICLE II (The Limited another busin	II - Registered Agent, Registered C Liability Company cannot serve as inness entity with an active Florida registered defined the Florida street address of the registered Melissa Hawthorne	Gainesville, FL, 32653  Office, & Registered Agent's Signature: ts own Registered Agent. You must designate an individual or istration.) gistered agent are:  Name

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 695, F.S..

(CONTINUED)

Page 1 of 2

<u> Citle:</u>	Name and Address:
AMBR" = Authorized Member	<del></del>
MGR" = Manager	
AMBR	Micah Hawthorne
	6522 NW 32 Street
	Gainesville, FL, 32653
	<u> </u>
AMBR	Melissa Hawthorne
	6522 NW 32 Street
	Gainesville, FL, 32653
	77. mg (1) 2 mg (1) 2 mg (2) 2
	<u> </u>
	To the second
<del> </del>	
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V: Effective date, if other than the ctive date is listed, the date must filling.)	
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CV: Effective date, if other than the ctive date is listed, the date must filing.) CVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of	be specific and cannot be more than five business days prior to or 9  Lista Hawthorne  a member or an authorized representative of a member.
CV: Effective date, if other than the ctive date is listed, the date must filing.)  CVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of (In accordance with sections)	a member or an authorized representative of a member.  on 605.0203 (1) (b), Florida Statutes, the execution of this document
CV: Effective date, if other than the ctive date is listed, the date must filing.)  CVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of (In accordance with sectionstitutes an affirmation)	a member or an authorized representative of a member.  on 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true.
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