

L 15 000/62020

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

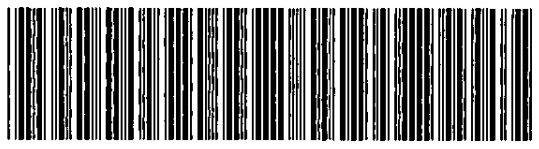
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATION
15 SEP 23 AM 9:44

W15-053927

09/24/15



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 11, 2015

MICHAEL T. PILLOW
P.O. BOX 2100
KEY WEST, FL 33045

SUBJECT: MTP LLC.
Ref. Number: W15000053927

RECEIVED SEP 23 2015

We have received your document for MTP LLC. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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 L06000103982 (MTP, LLC).

Please return the corrected original and one copy of 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) 245-6052.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 715A00016889

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MTP 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:

MICHAEL T PILLOW
Name of Person

Firm/Company

PO BOX 2100
Address

KEY WEST FL 33045
City/State and Zip Code

MIKE@MTPILLOW.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL T PILLOW at (305) 304 8850
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
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing 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:

~~MTP LLC~~^{MP} KEY WEST GAS TECH. 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:

~~MTP LLC~~^{MP}
1705 MONTGOMERY AV
HOLLY HILL FL 32117

Mailing Address:

~~MTP LLC~~^{MP}
PO BOX 2100
KEY WEST FL 33045

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:

JAMES R PILLOW
Name
1705 MONTGOMERY AVE
Florida street address (P.O. Box **NOT** acceptable)
HOLLY HILL FL 32117
City State 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.

James R Pillow
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

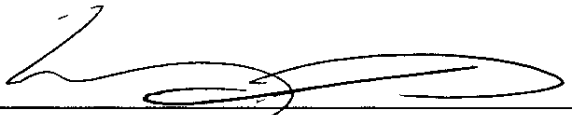
Title:
"AMBR" = Authorized Member
"MGR" = Manager
MGR

Name and Address:
MICHAEL T PILLLOW
PO BOX 2100
KEY WEST FL 33045

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 18 AUG 2015 (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.)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE: 

Signature of a member or an authorized representative of a member.
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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 T PILLLOW
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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