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(Re	equestor's Name)	1
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COVER LETTER

	Registration Section Division of Corporations	;	5
SUBJECT	T: MVM Manag Name of L	ment Co. LLC imited Liability Company	AR 31
The enclos	sed Articles of Organization and fee(s) a	are submitted for filing.	
Please retu	urn all correspondence concerning this n	natter to the following:	02
	James Till	Name of Person	
	Woodys Borl	Firm/Company	
	9745 Su How	Address	31 AM 11: 02
	Jacksonville	デレ 3222) City/State and Zip Code	
		· ·	
	E-mail address: (to be use	d for future annual report notification)	
For further i	information concerning this matter, plea	se call:	
	Jim Tilbrook at (904) 992-0556	
		Area Code Daytime Telephone Number	
Enclosed i	s a check for the following amount:		
]\$ 125.00 F	Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	d)
	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	y is:			
Mvm Mar (Must end with the wo	agement ords Limited Liability C	co, LLC ompany, "L.L.C.," or "L	LC.")	
ARTICLE II - Address: The mailing address and street address of the	ne principal office of the	Limited Liability Compa	ny is:	
Principal Office A	Address:	<u>Maili</u>	ng Address:	
9745 Sutton Suite 301 Jacksonville	PL 32227	9745 Just Svite 301 Jacksonvill	e, FL 32227	, 4
ARTICLE III - Registered Agent, Registe (The Limited Liability Company cannot ser another business entity with an active Flori. The name and the Florida street address of the company cannot see that the company cannot be seen to be company to the company cannot be company to the company to the company cannot be company to the company to	ve as its own Registered da registration.)		ate an individual or	16 MAR 31
Wos	Name Po		Inc Crite 301	AM 11: 02
	street address (P.O. Box Leson J. 1 L. City State			

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.

(CONTINUED)

Page 1 of 2

Registered Agent's Signature (REQUIRED)

"MGR" = Manager	Yolanda Mills 4745 Sutton Park Court, Su
AMBR	Jacksonville, RL 32227 Woody Mills
1,111,01	Jacksonville, PL 32227
(1) F	JACKSON WITH , ICC SECET
	
	other than the date of filing:
ective date is listed, the of filing.) If the date inserted in this ment's effective date on	date must be specific and cannot be more than five business days prior to or 90 days block does not meet the applicable statutory filing requirements, this date will not be the Department of State's records.
Tective date is listed, the of filing.) If the date inserted in this iment's effective date on LE VI: Other provisions, REOUIRED SIGNAT	s block does not meet the applicable statutory filing requirements, this date will not be the Department of State's records. if any.
rective date is listed, the of filing.) If the date inserted in this iment's effective date on LE VI: Other provisions, REOUIRED SIGNAT S This do I am av	date must be specific and cannot be more than five business days prior to or 90 days block does not meet the applicable statutory filing requirements, this date will not be a the Department of State's records.
fective date is listed, the of filing.) If the date inserted in this ament's effective date on LE VI: Other provisions, REOUIRED SIGNAT S This do I am av	date must be specific and cannot be more than five business days prior to or 90 days block does not meet the applicable statutory filing requirements, this date will not be a the Department of State's records. if any. URE: ignatury of a member or an authorized representative of a member. becoment is executed in accordance with section 605.0203 (1) (b), Florida Statutes, ware that any false information submitted in a document to the Department of State

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

ARTICLE IV-

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)