21600159028

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
Cit	y/State/Zip/Phon	o 40
(Oit	y/State/Zip/Filon	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Cortified Conjec	Cortificato	s of Status
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

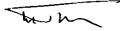
Office Use Only



200288385612

08/17/16--01006--027 **155.00

SECTION TO THE STATE OF THE SECTION OF THE SECTION



COVER LETTER

	gistration Section Vision of Corporations	
SUBJECT:		M Endeavors L.L.C. Limited Liability Company
The enclose	d Articles of Organization and fee(s)	are submitted for filing.
Please return	all correspondence concerning this	matter to the following:
	USFF 7	UCKER
•		Name of Person
_		
		Firm/Company
·_	1900 WES	T CHASE STREET
		Address
	PENSACOLA	FLORIDA. 32502
	JCT23.FLA	FLORIDA. 32502 City/State and Zip Code City/State and Zip Code
_		ed for future annual report notification)
For further in	formation concerning this matter, plea	ase call:
<u> </u>	DEFF TUKER at (450 261 9151 Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:	
]\$ 125.00 Fili	ng 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	Street Address
	New Filing Section Division of Corporations	New Filing Section Division of Corporations
	P.O. Box 6327	Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

The mailing address and street address of the principal office of the Limited Liability Company is:

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

JEFF TUCKER

Principal Office Address:

another business entity with an active Florida registration.)

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

Storm Endeavors. L.L.C.

ARTICLE 1 - Name:

ARTICLE II - Address:

The name of the Limited Liability Company is:

		Name			
1	900 WI	est cha	SE STREE	Ī .	
Flo	rida street address	(P.O. Box <u>NOT</u> a	cceptable)		
<u>_</u>	ENSACO	LA. FLOR	IDA , .3250	え	
	City	State	Zip		
Having been named as registered agent a place designated in this certificate, I here further agree to comply with the provision am familiar with and accept the obligatio	by accept the appo ns of all statutes re	nintment as registere lating to the proper as registered agent of the proper agent of	ed agent and agree to ac and complete performants as provided for in Chapte when the control of	t in this capacity. I nce of my duties, and l	
		(CONTINUED)			
		Page 1 of 2			
			·	SECRE TO CE SE	r 11 11

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	JEFF TUCKER
	1900 WEST CHASE STRIED PENSACOLA ELBRIDA 3
AMBR	Stephanie Ann Frazier
	1916 N. B. Street Rensocola FZ 32501
Make Ville - Makeling about to the Commission of	
	and the second s
ffective date is listed, the date must be sp e of filing.) If the date inserted in this block does not i	e of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90 days after meet the applicable statutory filing requirements, this date will not be listed as
LEV: Effective date, if other than the date ffective date is listed, the date must be speed filing.)	meet the applicable statutory filing requirements, this date will not be listed as
LEV: Effective date, if other than the date ffective date is listed, the date must be spe of filing.) If the date inserted in this block does not be be determined in the Department of the Department.	meet the applicable statutory filing requirements, this date will not be listed as
LEV: Effective date, if other than the date ffective date is listed, the date must be spe of filing.) If the date inserted in this block does not be be determined in the Department of the Department.	meet the applicable statutory filing requirements, this date will not be listed as
LE V: Effective date, if other than the date ffective date is listed, the date must be spec of filing.) If the date inserted in this block does not aument's effective date on the Department LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a provision of the document is executed and aware that any false.	meet the applicable statutory filing requirements, this date will not be listed as
LEV: Effective date, if other than the date ffective date is listed, the date must be specifiling.) If the date inserted in this block does not amment's effective date on the Department LEVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a provision of the document is executed a material and false constitutes a third degree.	meet the applicable statutory filing requirements, this date will not be listed as of State's records. The property of a member of a member of a member of a member of an authorized representative of a member. The property of a member of a membe
LEV: Effective date, if other than the date ffective date is listed, the date must be specifiling.) If the date inserted in this block does not amment's effective date on the Department LEVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a provision of the document is executed a material and false constitutes a third degree.	meet the applicable statutory filing requirements, this date will not be listed as a of State's records. Member or an authorized representative of a member. ated in accordance with section 605.0203 (1) (b), Florida Statutes, the information submitted in a document to the Department of State the felony as provided for in s.817.155, F.S. Typed or printed name of signee
LEV: Effective date, if other than the date ffective date is listed, the date must be specifiling.) If the date inserted in this block does not aument's effective date on the Department LEVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a provision of the document is executed a management of the document is executed and any false constitutes a third degree.	meet the applicable statutory filing requirements, this date will not be listed as of State's records. The property of a member of a member of a member of a member of an authorized representative of a member. The property of a member of a membe

Page 2 of 2

WE VILLE STATE