

L17000187269

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

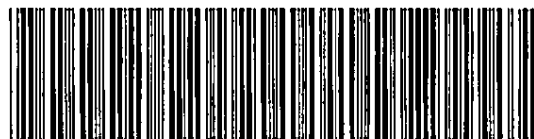
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000303156260

08/31/17--01018--008 \*\*160.00

17 AUG 31 PM 2:07  
FBI AND CO. FLORIDA

09/01/17

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Mm Sells Florida RE, 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:

Marya Monson  
Name of Person

MmSellsFlorida RE, LLC  
Firm/Company

524 Belle Isle Ave  
Address

Belleair Beach, FL 33786  
City/State and Zip Code

maryagirl21@yahoo.com  
E-mail address: (to be used for future annual report notification)  
→ maryagirl21@yahoo.com

For further information concerning this matter, please call:

Marya Monson at ( 727 ) 224-9522  
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:

MmSells Florida RE, LLC  
(Must contain 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:

13575 58<sup>TH</sup> ST. N.  
Clearwater, FL 33760

Mailing Address:

524 Belle Isle Ave.  
Belleair Beach, FL 33786

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:

Clark Morrison  
Name  
4229 Ivey Glen  
Florida street address (P.O. Box **NOT** acceptable)  
Orlando, FL 32817  
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.

Authentisign

Clark Morrison

08/29/2017

08/29/2017 2:42:55 PM EDT  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

17 AUG 31 PM 2:07  
CALL CENTER FLORIDA

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

MARYA MORRISON, MGR

MARYA MORRISON  
524 Belle Isle Ave.  
Belleair Beach, FL 33784

(Use attachment if necessary)

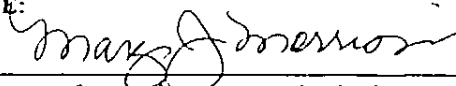
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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.)

**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.

MARYA J. MORRISON

Typed or printed name of signer

**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)

17 AUG 31 PM 2:07  
FILED  
TALLAHASSEE, FLORIDA